2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000011012

FILED Jaņ 06, 2<u>00</u>9 Secretary of State

Entity Name: THE ROBERT MUIR FAMILY FOUNDATION, INC.

Current Principal Place of Business: New Principal Place of Business:

BOCA RATON, FL 33432

Current Mailing Address: New Mailing Address:

850 NE 5 AVE

BOCA RATON, FL 33432

FEI Number: 20-0531069 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

PILOTTE, FRANK T PILOTTE, FRANK T 11300 US HIGHWAY 1 340 ROYAL PALM WAY STE 100

PALM BEACH, FL 33480 SUITE 401

PALM BEACH GARDENS, FL 33408 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: FRANK T PILOTTE 01/06/2009

> Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change () Addition () Delete

MUIR, ROBERT MUIR, ROBERT C Name: Name: 850 NE 5 AVE Address: 850 NE 5 AVE Address:

City-St-Zip: BOCA RATON, FL 33432 City-St-Zip: BOCA RATON, FL 33432

Title: Title: (X) Change () Addition () Delete

Name: MUIR, ROBIN Name: MUIR, ROBIN C Address: 850 NE 5 AVE Address: 850 NE 5 AVE

City-St-Zip: BOCA RATON, FL 33432 City-St-Zip: BOCA RATON, FL 33432

Title: () Delete Title: (X) Change () Addition PILOTTE, FRANK Name: PILOTTE, FRANK T Name:

340 ROYAL PALM WAY STE 100 11300 US HIGHWAY 1, SUITE 401 Address: Address:

City-St-Zip: PALM BEACH, FL 33432 City-St-Zip: PALM BEACH GARDENS, FL 33408

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT C MUIR D 01/06/2009