2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 03, 2005
Secretary of State

DOCUMENT# N04000003822

Entity Name: THE WILLIAM AND ANN TREBILCOCK FOUNDATION, INC.

Current Principal Place of Business:

26390 WOODLYN DRIVE
BONITA SPRINGS, FL 34134

New Principal Place of Business:

Current Mailing Address:

26390 WOODLYN DRIVE
BONITA SPRINGS, FL 34134

New Mailing Address:

FEI Number: 65-1225383 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

TREBILCOCK, WILLIAM
26390 WOODLYN DRIVE
BONITA SPRINGS, FL 34134 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: TREBILCOCK, WILLIAM
Address: 26390 WOODLYN DRIVE
City-St-Zip: BONITA SPRINGS, FL 34134

Title: D ( ) Delete
Name: TREBILCOCK, ANN
Address: 26390 WOODLYN DRIVE
City-St-Zip: BONITA SPRINGS, FL 34134

Title: D ( ) Delete
Name: WENDL, HEATHER
Address: 13915 OAKBROOK DRIVE
City-St-Zip: URBANDALE, IA 50323

Title: D ( ) Delete
Name: TREBILCOCK, DERECK
Address: 505 MEADOW LARK LANE
City-St-Zip: WAUKEE, IA 50263

Title: D ( ) Delete
Name: TREBILCOCK, DAMEN
Address: 7256 NORTH ROGERS
City-St-Zip: CHICAGO, IL 60645

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: WILLIAM TREBILCOCK PRES 02/03/2005

Electronic Signature of Signing Officer or Director — Date