2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 20, 2009
Secretary of State

DOCUMENT# N04000004242

Entity Name: BRETT M. BEKKEN FOUNDATION, INC.

Current Principal Place of Business:

2086 ASPEN CT
SAN MARCOS, CA 92078 US

New Principal Place of Business:

428 INDEPENDENCE BLVD
WASHINGTON, PA 15301 US

Current Mailing Address:

2086 ASPEN CT
SAN MARCOS, CA 92078 US

New Mailing Address:

428 INDEPENDENCE BLVD
WASHINGTON, PA 15301 US

FEI Number: 54-2189901 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LEFKOWITZ, IVAN M ESQ
430 NORTH MILLS AVENUE
ORLANDO, FL 32803 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: PSTD ( ) Delete
Name: MACKIE, THOMAS
Address: 2086 ASPEN CT
City-St-Zip: SAN MARCOS, CA 92078 US

Title: VPD ( ) Delete
Name: BONAR, CHARLES W
Address: 3950 MERLIN DR
City-St-Zip: KISSIMMEES, FL 34741 US

Title: VPD ( ) Delete
Name: SHELTON, THAD
Address: 4320 FOREST AVENUE SE
City-St-Zip: MERCER ISLAND, WA 98040 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSTD (X) Change ( ) Addition
Name: MACKIE, THOMAS
Address: 428 INDEPENDENCE BLVD
City-St-Zip: WASHINGTON, PA 15301 US

Title: VPD (X) Change ( ) Addition
Name: BONAR, CHARLES W
Address: 6131 MESSINA LANE #404
City-St-Zip: COCOA BEACH, FL 32931 US

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

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: CHARLES W. BONAR, JR. VPD 03/20/2009
Electronic Signature of Signing Officer or Director — Date