2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 11, 2005
Secretary of State

DOCUMENT# N04000005899

Entity Name: MAZZOLIN FAMILY FOUNDATION, INC.

Current Principal Place of Business:

6441 PUMPKIN SEED CIRCLE APT 15-192
BOCA RATON, FL 33433

New Principal Place of Business:

Current Mailing Address:

6441 PUMPKIN SEED CIRCLE APT 15-192
BOCA RATON, FL 33433

New Mailing Address:

400 E. OHIO STREET
4001
CHICAGO, IL 60611

FEI Number: 14-1911614 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

BROOKS, DONALD L
CRYSTALL TREE PLAZA
1201 US HWY ONE STE 415
NORTH PALM BEACH, FL 33408 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: MAZZOLIN, GILDO
Address: 6441 PUMPKIN SEED CIRCLE APT 15-192
City-St-Zip: BOCA RATON, FL 33433

Title: D ( ) Delete
Name: MAZZOLIN, AMALIA
Address: 6441 PUMPKIN SEED CIRCLE APT 15-192
City-St-Zip: BOCA RATON, FL 33433

Title: D ( ) Delete
Name: LEMAR, AMALIA
Address: 400 E OHIO
City-St-Zip: CHICAGO, IL

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:

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: AMALIA LEMAR D 07/11/2005

Electronic Signature of Signing Officer or Director — Date