2003 NOT-FOR-PROFIT CORPORATION

May 01, 2003 8:00 am Secretary of State **UNIFORM BUSINESS REPORT (UBR) DOCUMENT # N04031** 05-01-2003 90921 001 *****8.75 MARGARET M. MURRAY FOUNDATION, INC. 05-01-2003 90921 002 ****61.25 Principal Place of Business Mailing Address %THOMAS J. JORDAN 100 NE 123RD ST 245 SE FIRST ST. SUITE 404 N.MIAMI FL 33161-5348 MIAMI FL 33131 305) *3133663-71336*4 2. Principal Place of Business Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number 59-2425696 Applied For Not Applicable Zip-\$8.75 Additional 5. Certificate of Status Desired 🗻 🛬 🍱 M-DADE 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent JORDAN, THOMAS J. Street Address (P.O. Box Number is Not Acceptable) 245 SE FIRST ST PLAZA BUILDING, SUITE 404 MIAMI FL 33131 City Zip Code The above named entity submits this s perpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept he obligations of registered at JATURE: . Signature, typed or printed name of reg (NOTE: Registered Agent signature required when reinstating) \$5.00 May Be Make Check Payable to 9. Election Campaign Financing FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Florida Department of State Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. ☐ Addition Delete TITLE Change NAME JORDAN, THOMAS J. NAME 245 SE FIRST ST, S-404 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **MIAMI FL 33131** CITY-ST-ZIP ☐ Delete ☐ Addition ☐ Change TITLE TITLE JORDAN, GERALDINE T. NAME NAME STREET ADDRESS 245 SE FIRST ST, S-404 STREET ADDRESS CITY-ST-ZIP MIAMI FL 33131 CITY-ST-ZIP TITLE ☐ Delete TITI F ☐ Change ☐ Addition JORDAN, DOROTHY A NAME NAME STREET ADDRESS 245 SE FIRST ST, S-404 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33131 TITLE ... Delete TITLE ☐ Change ☐ Addition JORDAN, CAROL A. NAME NAME 245 SE FIRST ST S-404 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **MIAMI FL 33131** CITY-ST-ZIP ☐ Change ☐ Delete ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental error is never and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or this report or trustee arrowwired to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 in changed, or on an atta

SIGNATURE: