2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2009
Secretary of State

DOCUMENT# N05000004039

Entity Name: THE HADDEN FOUNDATION, INC.

Current Principal Place of Business:

17026 ALAMANDA DR
SUGARLOAF KEY, FL 33042

New Principal Place of Business:

Current Mailing Address:

17026 ALAMANDA DR
SUGARLOAF KEY, FL 33042

New Mailing Address:

1330 BROADCASTING ROAD
WYOMISSING, PA 19606

FEI Number: 20-2625339 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

STEIN, BERNARD D
200 S BISCAYNE BLVD SUITE 3000
MIAMI, FL 33131 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: T ( ) Delete
Name: HADDEN, ALEXANDER
Address: 17026 ALAMANDA DR
City-St-Zip: SUGARLOAF KEY, FL 33042

Title: T ( ) Delete
Name: HADDEN, KATHERINE
Address: 17026 ALAMANDA DR
City-St-Zip: SUGARLOAF KEY, FL 33042

Title: T ( ) Delete
Name: HADDEN, SUSAN H
Address: 17026 ALAMANDA DR
City-St-Zip: SUGARLOAF KEY, FL 33042

Title: T ( ) Delete
Name: REED, WALTER
Address: 311 FAIRVIEW
City-St-Zip: READING, PA 19606

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:

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: WALTER REED T 04/16/2009

Electronic Signature of Signing Officer or Director — Date