## 2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

## DOCUMENT# N05000009372

FILED Oct 05, 2007 Secretary of State

Entity Name: WADDELL, WILLIAMS & ASSOCIATES FOUNDATION, INC.

Current Principal Place of Business: New Principal Place of Business:

215 CELEBRATION PLACE SUITE 500 CELEBRATION, FL 34747

Current Mailing Address: New Mailing Address:

215 CELEBRATION PLACE SUITE 500 CELEBRATION, FL 34747

FEI Number: 13-4343140 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: Name and Address of New Registered Agent:

WILLIAMS, LAWRENCE R 215 CELEBRATION PLACE SUITE 500 CELEBRATION, FL 34747 US

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: LAWRENCE R. WILLIAMS, JR

Electronic Signature of Registered Agent Date

## OFFICERS AND DIRECTORS:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:CHRM () DeleteTitle:CHRM (X) Change () AdditionName:WADDELL, ERIC JName:WILLIAMS, LAWRENCE R JR.Address:1218 MALONA STREETAddress:215 CELEBRATION PLACE #500City-St-Zip:REUNION, FL 34747City-St-Zip:CELEBRATION, FL 34747

Title: V-CH (X) Delete Title: ( ) Change ( ) Addition

 Name:
 WILLIAMS, LAWRENCE R JR.
 Name:

 Address:
 215 CELEBRATION PI #500
 Address:

 City-St-Zip:
 CELEBRATION, FL
 City-St-Zip:

Title: D H (X) Delete Title: ( ) Change ( ) Addition

 Name:
 WADDELL, EDIE
 Name:

 Address:
 1218 MALONA STREET
 Address:

 City-St-Zip:
 REUNION, FL 34747
 City-St-Zip:

Title: D (X) Delete Title: ( ) Change ( ) Addition

 Name:
 HILL, J. NATHAN
 Name:

 Address:
 209 ST. CUTHBERT
 Address:

 City-St-Zip:
 WILLIAMSBURG, VA 23188
 City-St-Zip:

Title: D (X) Delete Title: ( ) Change ( ) Addition

 Name:
 WILLIAMS, HERBERT
 Name:

 Address:
 3908 ROYAL PORT RUSH RD
 Address:

 City-St-Zip:
 NAPERVILLE, IL 60564
 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: LAWRENCE R. WILLIAMS, JR. CHRM 10/05/2007