

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000012787

FILED
Jan 20, 2009
Secretary of State

Entity Name: RAYS BASEBALL FOUNDATION, INC.

Current Principal Place of Business:

TROPICANA FIELD
ONE TROPICANA DR
ST PETERSBURG, FL 33705

New Principal Place of Business:

Current Mailing Address:

TROPICANA FIELD
ONE TROPICANA DR
ST PETERSBURG, FL 33705

New Mailing Address:

FEI Number: 20-4103240

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HIGGINS, JOHN P
TROPICANA FIELD
ONE TROPICANA DRIVE
ST. PETERSBURG, FL 33705 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: P/D () Delete
Name: SILVERMAN, MATTHEW P
Address: ONE TROPICANA DRIVE
City-St-Zip: ST. PETERSBURG, FL 33705

Title: STD () Delete
Name: HIGGINS, JOHN P
Address: ONE TROPICANA DRIVE
City-St-Zip: ST. PETERSBURG, FL 33705

Title: D () Delete
Name: AULD, BRIAN
Address: ONE TROPICANA DRIVE
City-St-Zip: ST. PETERSBURG, FL 33705

Title: D () Delete
Name: GOLDRING, GARY
Address: ONE TROPICANA DRIVE
City-St-Zip: ST. PETERSBURG, FL 33705

Title: D () Delete
Name: FERNANDEZ, MARK
Address: ONE TROPICANA DRIVE
City-St-Zip: ST. PETERSBURG, FL 33705

Title: D () Delete
Name: KALT, MICHAEL
Address: ONE TROPICANA DRIVE
City-St-Zip: ST. PETERSBURG, FL 33705

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: VD (X) Change () Addition
Name: AULD, BRIAN
Address: ONE TROPICANA DRIVE
City-St-Zip: ST. PETERSBURG, FL 33705

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: JOHN P. HIGGINS

STD

01/20/2009

Electronic Signature of Signing Officer or Director

Date