2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000004071

FILED Jan 09, 2009 Secretary of State

Entity Name: THE SAUL AND THERESA ESMAN FOUNDATION, INC.

Current Principal Place of Business: New Principal Place of Business: 2600 N. MILITARY TRAIL, 4TH FLOOR BOCA RATON, FL 33431 **Current Mailing Address: New Mailing Address:** 2600 N. MILITARY TRAIL, 4TH FLOOR BOCA RATON, FL 33431 FEI Number: 33-1215642 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: RUTHERFORD MULHALL, P.A. 2600 N. MILITARY TRAIL, 4TH FLOOR BOCA RATON, FL 33431 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change (X) Addition ESMAN, THERESA Name: Name: Address: Address: 2600 N. MILITARY TRAIL, 4TH FLOOR City-St-Zip: City-St-Zip: BOCA RATON, FL 33431 Title: Title: () Change (X) Addition () Delete Name: Name: LEVIN, MURRAY Address: Address: 2600 N. MILITARY TRAIL, 4TH FLOOR City-St-Zip: City-St-Zip: BOCA RATON, FL 33431 Title: () Delete Title: DS () Change (X) Addition LEVIN, STEVEN Name: Name: 2600 N. MILITARY TRAIL, 4TH FLOOR Address: Address: City-St-Zip: City-St-Zip: BOCA RATON, FL 33431 Title: () Delete Title: () Change (X) Addition Name: Name: SIANO, VINESSA 2600 N. MILITARY TRAIL, 4TH FLOOR Address: Address: City-St-Zip: City-St-Zip: BOCA RATON, FL 33431

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: MURRAY LEVIN D 01/09/2009