FILED

2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE!

Apr 11, 2002 8:00 am § Secretary of State **DOCUMENT # N08484** 04-11-2002 90665 007 ****61.25 PLEDGER FOUNDATION, INC. Principal Place of Business Mailing Address 1211 PROSPERITY FARMS RD 11211 PROSPERITY FARMS ROAD SUITE D-325 SUITE D-325 PALM BEACH GARDENS FL 33410 PALM BEACH GARDENS FL 33410 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-2551433 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) PODESTA, CARI A P.A. 11382 PROSPERITY FARMS RD STE 227 Zip Code PALM BEACH GARDENS FL 33410 8. 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing Make Check Payable to \$5.00 May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. DIRECTOR KENNETH AMSLER (9/01) **Addition** TITLE ☐ Delete TITLE Change UPLEDGER, JOHN E NAME NAME 3318 PINE HILL TRAIL PALM BEACH GARDENS, FL 33418 STREET ADDRESS 11211 PROSPERITY FARMS RD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PALM BEACH GARDENS FL 33410 DIRECTOR ☐ Delete TITLE RUTH M.SMITH LYNCH, BOB NAME NAME 406 KICKERILLO COURT STREET ADDRESS 14046 HARBOR LANE STREET ADDRESS HOUSTON, TX 77079- - -CITY-ST: ZIP == CITY-ST-ZIP. PALM BEACH GARDENS FL-33410 ☐ Delete ☐ Change ☐ Addition TITLE TITLE WILKINSON, JOHN NAME NAME STREET ADDRESS STREET ADDRESS SOUTH COLLEGE, 1760 N CONGRESS AVE CITY-ST-ZIP W PALM BEACH FL 33409 CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE SABLE, WILLIAM NAME NAME STREET ADDRESS 11211 PROSPERITY FARMS RD STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP PALM BEACH GARDENS FL 33410 ☐ Delete TITLE ☐ Change ☐ Addition TITLE COLLISTER, B J NAME NAME SOUTH COLLEGE, 1760 N. CONGRESS AVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP W. PALM BEACH FL 33409 Delete TITLE ☐ Change ☐ Addition UPLEDGER, JOHN M NAME STREET ADDRESS STREET ADDRESS 11211 PROSPERITY FARMS RD CITY-ST-7IP PALM BEACH GARDENS FL 33410 CITY-ST-ZIP 12. Thereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information by indicated on this report or suppliemental report is frue 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 the receiver of trustee empowered tolexecute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on air attachment with an address, with all other like empowered.

WILLIAM A. SABLE 4/4/02