2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2004
Secretary of State

DOCUMENT# N11680

Entity Name: JOHN H. AND LUCILE HARRIS FOUNDATION, INC.

Current Principal Place of Business:

909 10TH STREET SOUTH
STE 105
NAPLES, FL 341028210 US

New Principal Place of Business:

Current Mailing Address:

909 10TH STREET SOUTH
STE 105
NAPLES, FL 341028210 US

New Mailing Address:

FEI Number: 59-2600172 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HARRIS, JOHN H
909 10TH STREET SOUTH STE 105
NAPLES, FL 341028210 US

Name and Address of New Registered Agent:

GOODMAN, KENNETH D
3838 TAMIAMI TRAIL N
SUITE 300
NAPLES, FL 34103 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: KENNETH D GOODMAN 04/16/2004
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: VPD ( ) Delete
Name: HARRIS, JOHN H
Address: 909 10TH STREET SOUTH STE 105
City-St-Zip: NAPLES, FL 341028210

Title: D ( ) Delete
Name: HARRIS, SCOTT
Address: 901 46 ST
City-St-Zip: MOLINE, IL 61265

Title: SD ( ) Delete
Name: WOLFE, KATHY H
Address: 14940 BENSON HEIGHTS PLACE
City-St-Zip: BOW, WA 98232

Title: TD ( ) Delete
Name: TUTTLE, CELIA T
Address: 6255 N. ZORRELA SEGUNDS
City-St-Zip: TUCSON, AZ 85718

Title: PD ( ) Delete
Name: HARRIS, SCOTT
Address: 4718 VILLA MARE
City-St-Zip: TUCSON, AZ 85718

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:

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: SCOTT HARRIS D 04/16/2004
Electronic Signature of Signing Officer or Director — Date