2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N18335

Apr 13, 2009 Secretary of State

Entity Name: THE SILVERSTEIN FOUNDATION, INC.

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

4920 LORING DRIVE #1610 123 VIA PALACIO

WEST PALM BEACH, FL 33417 PALM BEACH GARDENS, FL 33418

Current Mailing Address: New Mailing Address:

4920 LORING DRIVE #1610 123 VIA PALACIO

WEST PALM BEACH, FL 33417 PALM BEACH GARDENS, FL 33418

FEI Number: 59-2747181 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:

SILVERSTEIN, PAULINE SILVERSTEIN, MICHAEL 4920 LORING DRIVE, APT 1610 SILVERSTEIN, MICHAEL 123 VIA PALACIO

WEST PALM BEACH, FL 33417 US PALM BEACH GARDENS, FL 33418 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: MICHAEL SILVERSTEIN 04/13/2009

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Name: SILVERSTEIN, PAULINE Name: SILVERSTEIN, MICHAEL

Address: 4920 LORING DR, APT 1610 Address: 123 VIA PALACIO

City-St-Zip: WEST PALM BEACH, FL 33417 City-St-Zip: PALM BEACH GARDENS, FL 33418

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

 Name:
 SILVERSTEIN, ROBERT
 Name:

 Address:
 9204 WHITE CHIMNEY LANE
 Address:

 City-St-Zip:
 GREAT FALLS, VA
 City-St-Zip:

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

 Name:
 SILVERSTEIN, MICHAEL
 Name:

 Address:
 5035 NW 102ND DR
 Address:

 City-St-Zip:
 CORAL SPGS, FL
 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: MICHAEL SILVERSTEIN D 04/13/2009