


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Apr 26, 1999 8:00 am**  
**Secretary of State**

04-26-1999 90060 045 \*\*\*\*61.25

<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N20557**

1. Corporation Name

**FOUNDATION FOR MARINE ANIMAL HUSBANDRY, INC.**

Principal Place of Business  
 3601 SOUTH GAFFEY STREET  
 SAN PEDRO CA 90731  
 US

Mailing Address  
 27 BOYLSTON STREET  
 CHESTNUT HILL MA 02167



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		05/08/1987	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		65-0063394	
24 Country		30 Country		Applied For	
				Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/>	
				\$8.75 Additional Fee Required	
				6. Election Campaign Financing <input type="checkbox"/>	
				\$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CT CORPORATION SYSTEM  
 1200 S. PINE ISLAND ROAD  
 PLANTATION FL 33324

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	OP <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KNEZ, BRIAN J	1.2 NAME	
STREET ADDRESS	27 BOYLSTON ST	1.3 STREET ADDRESS	
CITY-ST-ZIP	CHESTNUT FL 02167	1.4 CITY-ST-ZIP	
TITLE	VS <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GELLER, ERIC P.	2.2 NAME	
STREET ADDRESS	27 BOYLSTON ST.	2.3 STREET ADDRESS	
CITY-ST-ZIP	CHESTNUT HILL MA	2.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FARWELL, PETER	3.2 NAME	
STREET ADDRESS	27 BOYLSTON STREET	3.3 STREET ADDRESS	
CITY-ST-ZIP	CHESTNUT HILL MA 02167	3.4 CITY-ST-ZIP	
TITLE	DV <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH ROBERT A.	4.2 NAME	
STREET ADDRESS	27 BOYLSTON ST.	4.3 STREET ADDRESS	
CITY-ST-ZIP	CHESTNUT HILL MA	4.4 CITY-ST-ZIP	
TITLE	VT <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GIBBONS, PAUL F.	5.2 NAME	
STREET ADDRESS	27 BOYLSTON STREET	5.3 STREET ADDRESS	
CITY-ST-ZIP	CHESTNUT HILL MA	5.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, RICHARD A	6.2 NAME	
STREET ADDRESS	27 BOYLSTON STREET	6.3 STREET ADDRESS	
CITY-ST-ZIP	CHESTNUT HILL FL	6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true 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 or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**

Paul F. Gibbons Vice President 4/15/99

617  
 232-8200

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037- (1/98)