

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2005 8:00 am
Secretary of State

04-12-2005 90155 048 ****61.25

DOCUMENT # N20557	
1. Entity Name FOUNDATION FOR MARINE ANIMAL HUSBANDRY, INC.	



20050000



Principal Place of Business 275 WASHINGTON STREET NEWTON, MA 02458 US	Mailing Address 275 WASHINGTON STREET NEWTON, MA 02458 US
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2. Principal Place of Business 40 Reed Elsevier Inc. Suite, Apt. #, etc. Two Newton Place, Suite 350 City & State Newton, MA Zip 02458-1637 Country USA	3. Mailing Address 40 Reed Elsevier Inc. Suite, Apt. #, etc. Two Newton Place, Suite 350 City & State Newton, MA Zip 02458-1637 Country USA
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04052005 Chg-NP CR2E037 (10/03)

4. FEI Number 65-0063394	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25
Due by May 1, 2005

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ARMOUR, MARK 25 VICTORIA STREET LONDON, UK <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1-3 strand, London WC2N5JR, England
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPSD HORBECZEWSKI, HENRY Z 125 PARK AVENUE NEW YORK, NY 10017 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HORBACZEWSKI, HENRY 275 WASHINGTON STREET NEWTON, MA 02458 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 125 Park Avenue New York, NY 10017
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT FONTAINE, CHARLES P 275 WASHINGTON STREET NEWTON, MA 02458 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Two Newton Place, suite 350 Newton, MA 02458-1637
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T FOGARTY, KENNETH E 275 WASHINGTON STREET NEWTON, MA 02458 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Two Newton Place, suite 350 Newton, MA 02458-1637
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Charles P. Fontaine Charles P. Fontaine April 08, 2005 (617/558-4918)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #