2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # N23453

1. Entity Name
THE CASE FOUNDATION, INC.

Principal Place of Business	Mailing Address
C/O RICHARD J. CASE	C/O RICHARD J. CASE
949 HILLSBORO MILE	949 HILLSBORO MILE
HILLSBORO BEACH, FL 33062	HILLSBORO BEACH, FL 33062

DO NOT WRITE IN THIS SPACE

04082008 No Chg-NP   CR2E037 (4/06)

4. FEI Number	Applied For
NOT APPLICABLE	Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

CASE, RICHARD J.
949 HILLSBORO MILE
HILLSBORO BEACH, FL 33062

DO NOT WRITE IN THIS SPACE

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

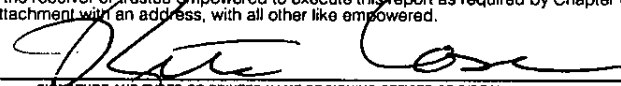| **Filing Fee is $61.25** **Due by May 1, 2008**	9. Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees	

10.   OFFICERS AND DIRECTORS

TITLE	D
NAME	CASE, RICHARD J.
STREET ADDRESS	949 HILLSBORO MILE
CITY-ST-ZIP	HILLSBORO BEACH, FL 33062
TITLE	D
NAME	CASE, RITA M.
STREET ADDRESS	949 HILLSBORO MILE
CITY-ST-ZIP	HILLSBORO BEACH, FL 33062
TITLE	D
NAME	HAIRSTON, GEORGE W.
STREET ADDRESS	65 E. STATE ST.
CITY-ST-ZIP	COLUMBUS, OH 43215
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: _____ 4/11/08   9543777420

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #