2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Jan 25, 2008 08:00 AN Secretary of State DOCUMENT # N31479 KANDERS FOUNDATION, INC. Principal Place of Business Mailing Address 2100 S OCEAN BLVD 2100 S OCEAN BLVD S302N S302N PALM BCH, FL 33480 US PALM BCH, FL 33480 01142008 No Chg-NP CR2E037 (4/06) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0124714 Not Applicable \$8,75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE KANDERS, JEANNE 2100 S. OCEAN BLVD. IN THIS SPACE PALM BEACH, FL 33480 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 9. Election Campaign Financing \$5.00 May Be Filing Fee is \$61.25 Trust Fund Contribution. Added to Fees Due by May 1, 2008 10. OFFICERS AND DIRECTORS TITLE NAME KANDERS, JEANNE STREET ADDRESS 2100 S OCEAN BLVD CITY-ST-ZiP PALM BCH, FL TITLE NAME KANDERS, ALAN STREET ADDRESS 2100 S OCEAN BLVD CITY-ST-ZIP PALM BCH, FL NAME KANDERS, WARREN STREET ADDRESS DO NOT WRITE 21 DAIRY ROAD CITY-ST-ZIP GREENWICH, CT 06830 IN THIS SPACE TITLE STREET ADDRESS CITY-ST-ZIP

12. Thereby certify that the information supplied with this fiting 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:

TITLE

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

SHINATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #