2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

May 17, 2004 8:00 am Secretary of State DOCUMENT # N34899 1. Entity Name 05-17-2004 90012 003 ****61.25 THE WINSTON CHURCHILL FOUNDATION, INC. Principal Place of Business Mailing Address C/O RL & F SERVICE CORP C/O RL & F SERVICE CORP 24010000 P.O. BOX 551 P.O. BOX 551 WILMINGTON DE 19899 WILMINGTON DE 19899 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E037 (11/03) City & State 4. FEI Number Applied For City & State 59-3005865 Not Applicable \$8.75 Additional Zip Zip Country Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 S PINE ISLAND ROAD PLANTATION FL 33324 City 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 DATE (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Payable to FILE NOW: FEE IS \$61.25 \$5.00 May Be П Trust Fund Contribution. Added to Fees Florida Department of State Due By May 1, 2004 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. Change ☐ Addition TITLE ☐ Delete TITLE FENTON, WENDELL NAME NAME ONE RODNEY SQUARE STREET ADDRESS STREET ADDRESS WILMINGTON DE CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE XI Change Addition TITLE LOEB, JOHN L. JR. NAME NAME 50 Broad Street, Suite 1137 375 PARK AVENUE STREET ADDRESS STREET ADDRESS **NEW YORK NY** New York, NY 10004 CITY-ST-ZIP CITY-ST-7IP Delete Change Addition TITLE TITLE EPSTEIN, HAROLD NAME NAME 75 E. END AVENUE STREET ADDRESS STREET ADDRESS NEW YORK NY CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ■ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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.

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

☐ Delete

TITLE NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Wendell Fenton, Secretary

5/1/04

302-651-7700

FILED

Daytime Phone #

☐ Change

☐ Addition