2000 UNIFORM BUSINESS REPORT (UBR)

Mar 03, 2000 8:00 am Secretary of State OCUMENT # **N35304** ATHG FOUNDATION, INC. 03-03-2000 90115 048 ****61.25 Mailing Address micipal Place of Business SOUTH BISCAYNE BLVD 200 SOUTH BISCAYNE BLVD 50TH FLR MIAMI FL 33131-2310 FL 33131-2352 Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-0156567 Not Applicable \$8.75 Additional Country Zip Country Zip 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) KLINE, CHARLES C. C/ 200 SOUTH BISCAYNE BOULEVARD **MIAMI FL 33131** Zip Code FL 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. DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Payable to FILE NOW: \$5.00 May Be Trust Fund Contribution. **Department of State FEE IS \$61.25** Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. Addition ☐ Delete TITLE GAY, DEBORAH HEARST C/O WHITE & CASE NAME 200 SO. BISCAYNE BLVD. 50TH FLR STREET ADDRESS CITY-ST-ZIP CT 7ID MIAMI FL Change ■ Addition DVP ☐ Delete TITLE GAY, JOHN JR C/O WHITE & CASE NAME 200 S. BISCAYNE BLVD. 50TH FLR STREET ADDRESS ST ZIP CITY-ST-ZIP MIAMI FL Change ☐ Addition DS ☐ Delete TITLE HADDEN, DAVID JC NAME ONE COMMERCIAL PLAZA STREET ADDRESS ST ZIP CITY-ST-ZIP HARTFORD CT Addition Change ☐ Delete HARRIS, HENRY U. C/O WHITE & CASE STREET ADDRESS 200 SOUTH BISCAYNE BLVD. 50TH FLR CITY-ST-ZIP ST-ZIP MIAMI FL ☐ Change ■ Addition ☐ Delete NAME · · · sonneeg STREET ADDRESS CITY-ST-ZIP ST ZIP Addition ☐ Change ☐ Delete TITI F NAME STREET ADDRESS CITY-ST-ZIP ST-7IP 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.

FILED

Daytime Phone #