2000 UNIFORM BUSINESS REPORT (UBR)

May 05, 2000 8:00 am Secretary of State **DOCUMENT # N38075** 1. Entity Name 05-05-2000 90033 006 ****61.25 THE FOUNDATION FOR PHYSICAL SCIENCES, INC. Mailing Address Principal Place of Business 1858 RINGLING BLVD. 3655 BENEVA OAKS DR SARASOTA FL 34236-5917 SARASOTA FL 34238 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0196350 Not Applicable Country Zip Country _ **\$8.75** Additional 5. Certificate of Status Desired -Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) SEITL, WAYNE F. 240 N. WASHINGTON BLVD. SUITE 460 Zip Code City SARASOTA FL 34236 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. SIGNATURE 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 **FEE IS \$61.25** Trust Fund Contribution. Added to Fees Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. (66/6) PD ☐ Addition TITLE ☐ Delete TITLE Change NAME ARMEL, JACK NAME STREET ADDRESS STREET ADDRESS 3655 BENEVA OAKS DR CITY-ST-ZIP CITY-ST-ZIP SARASOTA FL ☐ Delete Change ☐ Addition TITLE TITLE NAME ARMEL, HELEN STREET ADDRESS STREET ADDRESS 3655 BENEVA OAKS DR CITY-ST-ZIP CITY-ST-ZIP SARASOTA FL ☐ Change ☐ Addition ☐ Delete TITLE KAUFFMAN, LOUIS NAME NAME STREET ADDRESS UNIV OF ILLINOIS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CHICAGO IL ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

2. 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 impowered.

SIGNATURE: X

REQUIRE)

x 4-25-00 x

FILED