


2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # N40979 1. Entity Name THE ULLMANN FAMILY FOUNDATION, INC.	
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FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 08 AUG 26 AM 10:24

Principal Place of Business P.O. BOX 9240 INCLINE VILLAGE, NV 89452 US	Mailing Address P.O. BOX 9240 INCLINE VILLAGE, NV 89452 US
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2. Principal Place of Business - No P.O. Box # 2107 Arbor Way Suite, Apt. #, etc.	3. Mailing Address 2107 Arbor Way Suite, Apt. #, etc.
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08192008 Chg-NP CR2E037 (12/06)

City & State Martinsville, NJ Zip 08836 Country USA	City & State Martinsville, NJ Zip 08836 Country USA
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4. FEI Number 65-0252674	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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

Amended AR is \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS	
TITLE	DPT <input checked="" type="checkbox"/> Delete
NAME	ULLMANN, LEONARD P
STREET ADDRESS	119 ABBEY PEAK LN
CITY-ST-ZIP	INCLINE VILLAGE, NE 89452
TITLE	DST <input checked="" type="checkbox"/> Delete
NAME	ULLMANN, WENDY
STREET ADDRESS	119 ABBEY PEAK LN
CITY-ST-ZIP	INCLINE VILLAGE, NE 89452
TITLE	DV <input type="checkbox"/> Delete
NAME	ULLMANN, MIKE
STREET ADDRESS	P.O. BOX 585
CITY-ST-ZIP	OAKLAND, IL 61983
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Delete
NAME	TS
STREET ADDRESS	8/26/08
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	900135285359
STREET ADDRESS	09/03/08--01013--023 **70.00
CITY-ST-ZIP	
TITLE	DST <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Ullmann-Schneider, Nancy
STREET ADDRESS	2107 Arbor Way
CITY-ST-ZIP	Martinsville, NJ 08836
TITLE	DP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Ullmann, Mike
STREET ADDRESS	Po Box 585
CITY-ST-ZIP	Oakland, IL 61943
TITLE	DV <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Schneider, Steven
STREET ADDRESS	2107 Arbor Way
CITY-ST-ZIP	Martinsville, NJ 08836
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: Nancy Ullmann-Schneider **NANCY ULLMANN-SCHNEIDER,** 8/18/08 732 271 8287
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
SEC/TREASURER