

**FILED**  
**Apr 21, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N41120 *</b> 1. Entity Name THE SANDS FAMILY FOUNDATION, INC.				<b>Secretary of State</b>	
Principal Place of Business 365 OAKVIEW DRIVE DELRAY BEACH, FL 33445 US		Mailing Address 365 OAKVIEW DRIVE DELRAY BEACH, FL 33445 US			
<b>DO NOT WRITE IN THIS SPACE</b>				03092004 No Chg-NP CR2E037 (10/03)	
				4. FEI Number 65-0233633	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent  SANDS, IRVING 365 OAKVIEW DRIVE DELRAY BEACH, FL 33445				<b>DO NOT WRITE IN THIS SPACE</b>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS		 04/21/04-80047-010 70.00			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<b>DO NOT WRITE IN THIS SPACE</b>			
D SANDS, IRVING 365 OAKVIEW DRIVE DELRAY BEACH, FL 33445					
D SANDS, HARRIETT 365 OAKVIEW DRIVE DELRAY BEACH, FL 33445					
D SANDS, RICHARD M 37 BEVERLY RD ARLINGTON, MA 02174					
D SANDS, DAVID E 2425 MEDINA ROAD MEDINA, OH 44256					
D BOBER, STANLEY M 411 WOLF LEDGES #400 AKRON, OH 44311					
D SANDS, DONALD A THE HIGHLANDS SEATTLE, WA 981775002					
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  IRVING SANDS 4/12/04 561 498 4347					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					