2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N46180

FILED Jan 22, 2009 Secretary of State

Entity Name: FRANCES PEW HAYES FAMILY FOUNDATION, INC.

urrent F	Principal Place	of Business:	New Principal Place	of Business:
	MLIN HILL RD MA 01740	US		
urrent N	/lailing Addres	ss:	New Mailing Addres	s:
	MLIN HILL RD MA 01740	US		
El Number	r: 65-0297367	FEI Number Applied For()	FEI Number Not Applicable()	Certificate of Status Desired ()
lame and	d Address of C	Current Registered Agent:	Name and Address of	of New Registered Agent:
100 FIFT SUITE 30	N, CARL E H AVE S 1 FL 341026407	US		
ha abayı	a named entity.	aubmita this statement for the	ourness of changing its registers	d office or registered agent or both
	e named entity e of Florida.	submits this statement for the	purpose of changing its registere	d office or registered agent, or both,
the Stat	e of Florida.	submits this statement for the	purpose of changing its registere	d office or registered agent, or both,
the Stat	e of Florida. RE:	submits this statement for the particles of Registered Ag		d office or registered agent, or both, Date
the Stat	e of Florida. RE:	nic Signature of Registered Ag	ent	
the Stat	e of Florida. RE: Electror S AND DIREC	nic Signature of Registered Ag TORS: Delete VARD P HILL RD	ent	Date
the State of the S	e of Florida. RE: Electror S AND DIREC PD (BLACK, J HOW 103 DRUMLIN BOLTON, MA (nic Signature of Registered Ag TORS:) Delete //ARD P HILL RD 01740) Delete RL E E S, STE 301	ent ADDITIONS/CHANG Title: Name: Address:	Date ES TO OFFICERS AND DIRECTO
the State of the S	E of Florida. RE: Electror S AND DIREC PD (BLACK, J HOW 103 DRUMLIN BOLTON, MA (SD (WESTMAN, CA 1100 FIFTH AV NAPLES, FL 3	nic Signature of Registered Ag TORS:) Delete (ARD P HILL RD 01740) Delete (RL E E S, STE 301 41026407) Delete S HILL RD	ent ADDITIONS/CHANG Title: Name: Address: City-St-Zip: Title: Name: Address:	Date ES TO OFFICERS AND DIRECTO () Change () Addition

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: J. HOWARD BLACK P 01/22/2009