2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2005
Secretary of State

DOCUMENT# N50912

Entity Name: THE AIDS INSTITUTE, INC.

Current Principal Place of Business:

12901 BRUCE B. DOWNS BLVD
UNIVERSITY OF SOUTH FLORIDA - MDC 4146
TAMPA, FL 33612 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 16705
TAMPA, FL 33687 US

New Mailing Address:

FEI Number: 65-0380952 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

A. GENE COPELLO
12901 BRUCE B DOWNS BLVD
UNIVERSITY OF SOUTH FLORIDA - MDC4146
TAMPA, FL 33612 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: MERIDA, MARYLIN
Address: 13201 BRUCE B. DOWNS BLVD.
City-St-Zip: TAMPA, FL 33612

Title: D ( ) Delete
Name: KURTZMAN, ROBIN
Address: 8218 RIVERBOAT DRIVE
City-St-Zip: TAMPA, FL 33637

Title: VP ( ) Delete
Name: WALDRON, DAVID
Address: 3180 BELLEVUE STREET
City-St-Zip: SARASOTA, FL 34237

Title: D ( ) Delete
Name: COHEN, MARC
Address: 660 NE 125TH ST.
City-St-Zip: MIAMI, FL 33161

Title: P ( ) Delete
Name: MINCEY, VALERIE
Address: 1122 HARMON AVE.
City-St-Zip: PANAMA CITY, FL 32401

Title: T ( ) Delete
Name: SIBERT, LUTHER
Address: 1199 SHIPWATCH CIRCLE
City-St-Zip: TAMPA, FL 33602

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change ( ) Addition
Name: COHEN, MARC
Address: 800 WEST AVENUE, APT. 419
City-St-Zip: MIAMI BEACH, FL 33139

Title: T (X) Change ( ) Addition
Name: SIBERT, LEW
Address: 1199 SHIPWATCH CIRCLE
City-St-Zip: TAMPA, FL 33602

Title: S (X) Change ( ) Addition
Name: DOCKREY, DELORIS
Address: 2 WEAVER STREET, APARTMENT B4
City-St-Zip: SUMMITT, NJ 07901

Title: BM (X) Change ( ) Addition
Name: SCHUYLER, WILLIAM
Address: 505 WOLFE STREET
City-St-Zip: ALEXANDRIA, VA 22314

Title: BM (X) Change ( ) Addition
Name: RALIN, PETER L
Address: 700 WASHINGTON STREET, #1103
City-St-Zip: DENVER, CO 80203

I hereby certify that the information supplied with this filing does not qualify for the 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 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: A. GENE COPELLO, EXECUTIVE DIRECTOR ED 03/31/2005

Electronic Signature of Signing Officer or Director — Date