2008 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

Aug 26, 2008 8:00 am Secretary of State 08-26-2008 90002 002 ****61.25 DOCUMENT # N92000000648 THE WILLIAM W. WEIL FOUNDATION, INC. 40114418 Mailing Address Principal Place of Business M 401 6295 BAHIA DEL MAR CIRCLE M 401 6295 BAHIA DEL MAR CIRCLE ST PETERSBURG, FL 33715 ST PETERSBURG, FL 33715 08142008 No Chg-NP CR2E037 (4/06) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3227671 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent DO NOT WRITE WEIL, WILLIAM W M401 6295 BAHIA DEL MAR CIRCLE ST PETERSBURG, FL 33715 IN THIS SPACE 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title diapplicable Filing Fee is \$61.25 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees Due by September 12, 2008 OFFICERS AND DIRECTORS 10. TITLE **PSTD** WEIL, WILLIAM W NAME STREET ADDRESS M 401 6295 BAHIA DEL MAR CIRCLE CITY-ST-ZIP ST PETERSBURG, FL 337153313 tine FELDMAN, JOHN H NAME STREET ADDRESS 215 NORTH JOANNA AVENUE CITY-ST-ZIP TAVARES, FL 32778 TITLE n LEVERITT, G. R STREET ADDRESS 5328 CENTRAL AVENUE DO NOT WRITE CITY-ST-ZIP ST PETERSBURG, FL 337076130 IN THIS SPACE TITLE NAME STREET ADDRESS CHTY-ST-ZIP NAME STREET ADDRESS C(TY-S1-7)P TITLE STREET ADDRESS

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 received 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.

CITY-ST-ZIP

FILED