1995 — DIVISION OF CORPORATIONS

95 APR 18 PM 11:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N93000003187 (2)

1. Corporation Name

UNITED STATES WHEELCHAIR SWIMMING, INC.

Principal Place of Business	Mailing Address
4075 TURKEY POINT DR. MELBOURNE FL 32934	4075 TURKEY POINT DR. MELBOURNE FL 32934

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/12/1993
3a. Date of Last Report: 06/06/1994
4. FEI Number: 39-1690795 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

SMITH, JUDITH
4075 TURKEY POINT DR.
MELBOURNE FL 32934

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	1.1 TITLE	T.	☐ Change ☒ Addition
NAME	JOAN, KARPUK	1.2 NAME	MARIANNE HARLEY	
STREET ADDRESS	%4075 TURKEY POINT DR.	1.3 STREET ADDRESS	13210 Adonis Drive	
CITY-ST-ZIP	MELBOURNE FL 32934	1.4 CITY-ST-ZIP	AUSTIN, TX. 78729	
TITLE	V	2.1 TITLE	D.	☐ Change ☒ Addition
NAME	HOGAN, KENT	2.2 NAME	GROVER EVANS	
STREET ADDRESS	%4075 TURKEY POINT DR.	2.3 STREET ADDRESS	1715 NATIONAL Rd.	
CITY-ST-ZIP	MELBOURNE FL 32934	2.4 CITY-ST-ZIP	JONESBORO, Ar. 72401	
TITLE	S	3.1 TITLE		☐ Change ☐ Addition
NAME	CARTWRIGHT, LIZ	3.2 NAME		
STREET ADDRESS	%4075 TURKEY POINT DR.	3.3 STREET ADDRESS		
CITY-ST-ZIP	MELBOURNE FL 32934	3.4 CITY-ST-ZIP		
TITLE	D	4.1 TITLE		☐ Change ☐ Addition
NAME	ANDRIJASEVICH, DOUG	4.2 NAME		
STREET ADDRESS	3474 EARL DR.	4.3 STREET ADDRESS		
CITY-ST-ZIP	SANTA CLARA CA 95051	4.4 CITY-ST-ZIP		
TITLE	D	5.1 TITLE		☐ Change ☐ Addition
NAME	CRAFFEY, EILEEN	5.2 NAME		
STREET ADDRESS	229 MILLER ST.	5.3 STREET ADDRESS		
CITY-ST-ZIP	MIDDLEBORO MA 02346	5.4 CITY-ST-ZIP		
TITLE	D	6.1 TITLE		☐ Change ☐ Addition
NAME	QUINTILIANI, LARRY	6.2 NAME		
STREET ADDRESS	229 MILLER ST.	6.3 STREET ADDRESS		
CITY-ST-ZIP	MIDDLEBORO MA 02346	6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Joan M. Karpuk JOAN M. KARPUK 3.30.95 203.286.4712
(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) (Date) (Daytime Phone #)