2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 27, 2004
Secretary of State

DOCUMENT# N94000001662

Entity Name: SCHWARZKOPF FAMILY CHARITABLE FOUNDATION, INC.

Current Principal Place of Business:

400 N. ASHLEY STREET
SUITE 3050
TAMPA, FL 33602

New Principal Place of Business:

Current Mailing Address:

400 N. ASHLEY STREET
SUITE 3050
TAMPA, FL 33602

New Mailing Address:

FEI Number: 59-3236578 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SCHWARZKOPF, H. NORMAN GEN
400 N. ASHLEY STREET
SUITE 3050
TAMPA, FL 33602

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: D ( ) Delete
Name: SCHWARZKOPF, H. NORMAN GEN
Address: 400 N. ASHLEY STREET, SUITE 3050
City-St-Zip: TAMPA, FL 33602

Title: D ( ) Delete
Name: SCHWARZKOPF, BRENDA H
Address: 400 N. ASHLEY STREET, SUITE 3050
City-St-Zip: TAMPA, FL 33602

Title: D ( ) Delete
Name: SCHWARZKOPF, CYNTHIA P
Address: 400 N. ASHLEY STREET, SUITE 3050
City-St-Zip: TAMPA, FL 33602

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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: H. NORMAN SCHWARZKOPF D 02/27/2004

Electronic Signature of Signing Officer or Director — Date