2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 08, 2009
Secretary of State

DOCUMENT# N94000001769

Entity Name: MUSEUM OF SCIENCE AND INDUSTRY ENDOWMENT, INC.

Current Principal Place of Business:

4801 EAST FOWLER AVENUE
TAMPA, FL 33617

New Principal Place of Business:

Current Mailing Address:

4801 EAST FOWLER AVENUE
TAMPA, FL 33617

New Mailing Address:

FEI Number: 59-3250318 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

PIEPER, JOHN H
4801 EAST FOWLER AVENUE
TAMPA, FL 33617 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: SD ( ) Delete
Name: PIEPER, JOHN H.
Address: 3411 LYKES AVE
City-St-Zip: TAMPA, FL 33609

Title: TD ( ) Delete
Name: HARMON, ATLEE O.
Address: 16208 VILLARREAL DE AVILA
City-St-Zip: TAMPA, FL 33613

Title: PD ( ) Delete
Name: SCHIFF, ALFRED N
Address: 4802 CULBREATH ISLES RD.
City-St-Zip: TAMPA, FL 33629

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 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: KATHY PROSSICK VP 05/08/2009

Electronic Signature of Signing Officer or Director — Date