2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 13, 2008
Secretary of State

DOCUMENT# N95000003821

Entity Name: THE NEWQUIST FAMILY FOUNDATION, INC.

Current Principal Place of Business:

300 EL BRILLO WAY
PALM BEACH, FL 33480 US

New Principal Place of Business:

Current Mailing Address:

300 EL BRILLO WAY
PALM BEACH, FL 33480 US

New Mailing Address:

FEI Number: 65-0646136 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
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:

WASERSTEIN, STEVE L ESQ
500 EAST BROWARD BLVD., SUITE 1130
FT. LAUDERDALE, FL 33394 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: PD ( ) Delete
Name: NEWQUIST, SCOTT C
Address: 300 EL BRILLO WAY
City-St-Zip: PALM BEACH, FL 33480

Title: SD ( ) Delete
Name: NEWQUIST, AILEEN M
Address: 300 EL BRILLO WAY
City-St-Zip: PALM BEACH, FL 33480

Title: D ( ) Delete
Name: MIX, EARL B III
Address: 49 HILTON ST
City-St-Zip: DARIEN, CT 06820

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: D (X) Change ( ) Addition
Name: MIX, EARL B III
Address: 4 WILD ROSE LANE
City-St-Zip: DARIEN, CT 06820

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: AILEEN M NEWQUIST SEC 05/13/2008

Electronic Signature of Signing Officer or Director — Date