

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 05, 2004 08:00 AM
Secretary of State

DOCUMENT # N95000004405

1. Entity Name
MDS RESEARCH FOUNDATION, INC.



Principal Place of Business

3216 SESSIONS ED
SUITE 200
TALLAHASSEE, FL 32303

Mailing Address

3216 SESSIONS ED
SUITE 200
TALLAHASSEE, FL 32303 US



01082004 No Chg-NP

CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3334187

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HOLTON, ROBERT A
7125 UPLAND GLADE ROAD
TALLAHASSEE, FL 32312

**DO NOT WRITE
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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

000000104101
04/05/04-80084-012 61.25

10. OFFICERS AND DIRECTORS

TITLE PD
NAME HOLTON, ROBERT A
STREET ADDRESS 7125 UPLAND GLADE ROAD
CITY-ST-ZIP TALLAHASSEE, FL 32312

TITLE VPD
NAME KRAFFT, MARIE E
STREET ADDRESS 7125 UPLAND GLADE ROAD
CITY-ST-ZIP TALLAHASSEE, FL 32312

TITLE STD
NAME SMIT, MARIE C
STREET ADDRESS DEPT. OF CHEMISTRY, F.S.U.
CITY-ST-ZIP TALLAHASSEE, FL 32306

TITLE D
NAME METTS, LEWIS L
STREET ADDRESS 161 HIGHLAND AVENUE
CITY-ST-ZIP RIDGEWOOD, NJ 07450

TITLE D
NAME MATTHEW, SIDNEY L
STREET ADDRESS 135 SOUTH MONROE STREET
CITY-ST-ZIP TALLAHASSEE, FL 32302

TITLE EDM
NAME DEVINE, MICHAEL D
STREET ADDRESS 3216 SESSIONS RD, STE. 200
CITY-ST-ZIP TALLAHASSEE, FL 32303

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 receiver 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.

SIGNATURE:

Marie C. Smit MARIE C. SMIT

3/19/04 850-558-0400

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #