## 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N96000001133

Entity Name: SCIBC DRI MASTER ASSOCIATION, INC.

FILED Apr 28, 2005 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

436 BAYSHORE DR 2055 WOOD STREET

% C E KOCH SUITE 202

VENICE, FL 34285 US SARASOTA, FL 34237 US

Current Mailing Address: New Mailing Address:

436 BAYSHORE DR 2055 WOOD STREET, SUITE 202 VENICE, FL 34285 US SARASOTA, FL 34237 US

FEI Number: 65-0726953 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

KOCH, CHARLES E RICHARDSON KLING, RENEE 436 BAYSHORE DR 2055 WOOD STREET

VENICE, FL 34285 US SUITE 2027, HS

SARASOTA, FL 34237 US

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: RENEE RICHARDSON KLING 04/28/2005

Electronic Signature of Registered Agent Date

## OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSD () Delete Title: PS (X) Change () Addition
Name: KOCH, CHARLES E Name: RICHARDSON-KLING, RENEE
Address: 436 BAYSHORE DR Address: 2055 WOOD STREET, SUITE 202

City-St-Zip: VENICE, FL City-St-Zip: SARASOTA, FL 34237

Title: VD ( ) Delete Title: VD (X) Change ( ) Addition

 Name:
 RICHARDSON, ROBERT
 Name:
 ROBINSON, WILLIAM

 Address:
 635 ORANGE AVENUE SOUTH
 Address:
 2502 FIRETREE LANE

 City-St-Zip:
 SARASOTA, FL
 City-St-Zip:
 VENICE, FL
 34292

Title: DS ( ) Delete Title: TD (X) Change ( ) Addition

 Name:
 STRAMMER, FREDERICK L
 Name:
 HOWELL, DAVID L

 Address:
 2210 CASEY KEY RD
 Address:
 12002 MIRAMAR PARKWAY

 City-St-Zip:
 NOKOMIS, FL
 City-St-Zip:
 MIRAMAR, FL
 33025

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: RENEE RICHARDSON KLING PS 04/28/2005