2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000001838

Entity Name: FLEMING-LEES FOUNDATION, INC.

FILED Apr 22, 2004 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 321 ROYAL POINCIANA PLAZA PALM BEACH, FL **Current Mailing Address: New Mailing Address:** 65 CLIFFSIDE CROSSING ATLANTA, GA 303502704 US FEI Number: 65-0660155 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: LINDSAY, ALAN 321 ROYÁL POINCIANA PLAZA PALM BEACH, FL 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: DPST () Delete () Change () Addition LEES, IRVING B Name: Name: 65 CLIFFSIDE CROSSING Address: Address: City-St-Zip: ATLANTA, GA 303502704 City-St-Zip: Title: () Delete Title: () Change () Addition Name: LEES, MAJORIE F Name: Address: 65 CLIFFSIDE CROSSING Address: City-St-Zip: ATLANTA, GA 303502704 City-St-Zip: Title: () Delete Title: () Change () Addition GRANT, TRACY S Name: Name: 2 WINAY TERRACE Address: Address: City-St-Zip: LONG VALLEY, NJ 07853 City-St-Zip: Title: Title: () Change () Addition () Delete FLEMING LEES FRENCH, KIMBERLY Name: Name: 1075 CREEK RIDGE POINTE Address: Address: City-St-Zip: ALPHARETTA, GA 30005 City-St-Zip: Title: () Delete Title: () Change () Addition LEES, MADISON T Name: Name: 1705 DARTMOUTH LANE Address: Address: City-St-Zip: DEERFIELD, IL 60015 City-St-Zip: Title: () Delete Title: () Change () Addition LEES JAMISON, LESLIE C Name: Name: Address: 216 MONTEREY ROAD Address: PALM BEACH, FL 33480 City-St-Zip: 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: IRVING B. LEES PRES 04/22/2004