2003 NOT-FOR-PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR**

Mar 03, 2003 8:00 am Secretary of State DOCUMENT # N97000001394 03-03-2003 90942 015 ****61.25 THE SCHNEER FOUNDATION, INC. Principal Place of Business Mailing Address 5833 N.W. 24TH TERRACE 5833 N.W. 24TH TERRACE BOCA RATON FL 33496-2822 BOCA RATON FL 33496-2822 2. Principal Place of Business 3. Mailing Address 1515 South FOREML HWY Suite, Apt. #, etc. Suite, Apt. #, etc ☐ CHECK HERE IF MAKING CHANGES 105 City & State City & State 4. FEI Number 65-0735017 Applied For OCA Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SCHNEER, CHARLES H Street Address (P.O. Box Number is Not Acceptable) 5833 N.W. 24TH TERRACE South FEDERAL MAY BOCA RATON FL 33496-2822 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 printe-(NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW: FEE IS \$61.25 \$5.00 May Be Make Check Payable to Trust Fund Contribution. Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE ☐ Delete TITLE Change ☐ Addition NAME SCHNEER, CHARLES H NAME STREET ADDRESS 5833 N.W. 24TH TERRACE STREET ADDRESS CITY-ST-7(P BOCA RATON FL 33496-2822 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition SCHNEER, SHIRLEY S NAME STREET ADDRESS **5833 N.W. 24TH TERRACE** STREET ADDRESS CITY-ST-ZIP BOCA RATON FL 33496-2822 CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition Silver, Lesley J.S. NAME STREET ADDRESS FLAT 1. 164 SUTHERLAND AVENUE STREET ADDRESS CITY-ST-ZIP LONDON W91HR ENGLAND CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME LEE, STACEY L. S. NAME STREET ADDRESS 375 HEATH STREET STREET ADDRESS CITY-ST-ZIP CHESTNUT HILLS MA 02167 CITY-ST-7/P TITLE TITLE ☐ Change ☐ Addition NAME GREIFER, BETTINE S NAME STREET ADDRESS 367 SOUTH CURSON AVENUE STREET ADDRESS CITY-ST-7/P LOS ANGELES CA 90036-3258 CITY-ST-ZIP TITLE D ☐ Delete TITLE Addition NAME REID, BRANDON NAME STREET ADDRESS ONE BROADWAY STREET ADDRESS

12. I hereby certify that the information supplied with this filling does not qualify 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 signature shall have the same legal effect as if made under cath; 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.

CITY-ST-ZIP

SIGNATURE:

NEW YORK NY 10004

CITY-ST-ZIP

FILED