

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000003057

FILED
Mar 02, 2009
Secretary of State

Entity Name: THE FREDERICK A. DELUCA FOUNDATION, INC.

Current Principal Place of Business:

300 BIC DRIVE, 2ND FLOOR
C/O ROCKRIDGE CAPITAL MANAGEMENT, LLC
MILFORD, CT 06461

New Principal Place of Business:

300 BIC DRIVE, 2ND FLOOR
C/O ROCKRIDGE HOLDINGS LLC
MILFORD, CT 06461 US

Current Mailing Address:

300 BIC DRIVE, 2ND FLOOR
C/O ROCKRIDGE CAPITAL MANAGEMENT, LLC
MILFORD, CT 06461

New Mailing Address:

300 BIC DRIVE, 2ND FLOOR
C/O ROCKRIDGE HOLDINGS LLC
MILFORD, CT 06461 US

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CLASP, INC.
3001 TAMIAMI TRAIL NORTH
SUITE 400
NAPLES, FL 34103 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: DP () Delete
Name: DELUCA, ELISABETH
Address: 300 BIC DRIVE, 2ND FLOOR
City-St-Zip: MILFORD, CT 06461

Title: DST () Delete
Name: DELUCA, JONATHAN
Address: 300 BIC DRIVE, 2ND FLOOR
City-St-Zip: MILFORD, CT 06461

Title: D () Delete
Name: DELUCA, FREDERICK A
Address: 300 BIC DRIVE, 2ND FLOOR
City-St-Zip: MILFORD, CT 06461

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: DELUCA, ELISABETH
Address: 300 BIC DRIVE, 2ND FLOOR
City-St-Zip: MILFORD, CT 06461 US

Title: DST (X) Change () Addition
Name: DELUCA, JONATHAN
Address: 300 BIC DRIVE, 2ND FLOOR
City-St-Zip: MILFORD, CT 06461 US

Title: D (X) Change () Addition
Name: DELUCA, FREDERICK A
Address: 300 BIC DRIVE, 2ND FLOOR
City-St-Zip: MILFORD, CT 06461 US

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: ELISABETH DELUCA

DP

03/02/2009

Electronic Signature of Signing Officer or Director

_____ Date