2005 NOT-FOR-PROFIT CORPORATION

ANNUAL REPORT

DOCUMENT # N97000004649



04-26-2005 90150 025 ****61.25 JOHN PUTNAM MERRILL, JR. AND CAROL JENNINGS MERRILL FOUNDATION, INC. Principal Place of Business Mailing Address PO BOX-577 557 1617 N FLAGLER STANARDSVILLE, VA 2297 #8B WEST PALM BEACH, FL 33407 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. 04062005 Chg-NP CR2E037 (10/03) City & State 4. FEI Number 65-0780449 Applied For 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 MURPHY, EUGENE W JR. 340 ROYAL PALM WAY Street Address (P.O. Box Number is Not Acceptable) SUITE 100 PALM BEACH, FL 33480 City Zip Code 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make check payable to Filing Fee is \$61.25 \$5.00 May Be Due by May 1, 2005 Trust Fund Contribution. Added to Fees Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. P/D TITLE Delete TITLE ☐ Change Addition NAME MERRILL, JOHN PUTMAN JR. NAME P.O. BOX 557 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP STANARDSVILLE, VA 22973 CITY-ST-ZIP VSTD Change ☐ Addition TITLE ☐ Delete TITLE JENNINGS MERRILL, CAROL NAME NAME STREET ADDRESS P.O. BOX 557 STREET ADDRESS CITY-ST-ZIP STANARDSVILLE, VA 22973 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition MERRILL; CHRISTINA NAME NAME STREET ADDRESS 1290 GROVE ST STREET ADDRESS CITY-ST-ZIP SAN FRANCISCO, CA 94117 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-\$T-ZIP CITY-ST-ZIP

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 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:

FILED

Apr 26, 2005 8:00 am Secretary of State