2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000007199

Entity Name: PRIDMORE FAMILY FOUNDATION, INC.

FILED Jan 07, 2009 Secretary of State

295 PELICAN DRIVE C/O STEPHEN A. CRANE, FOLEY & LARDNER LLP MELBOURNE BEACH, FL 32951 US

100 N. TAMPA ST., SUITÉ 2700

TAMPA, FL 33602

Current Mailing Address: New Mailing Address:

C/O STEPHEN A. CRANE, FOLEY & LARDNER LLP ONE KENDALL SQUARE

PMB 113 100 N. TAMPA ST., SUITÉ 2700

CAMBRIDGE, MA 02139 US TAMPA, FL 33602 US

FEI Number: 59-3491775 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

PRIDMORE, DONNA J F&L CORP.

ONE INDEPENDENT DRIVE 295 PELICAN DRIVE

MELBOURNE BEACH, FL 32951 US SUITE 1300 JACKSONVILLE, FL 32202 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: MARTIN A. TRABER, VICE PRESIDENT 01/07/2009

> Electronic Signature of Registered Agent Date

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

() Delete () Change () Addition DETTMER, DALE A Name: Name:

304 S. HARBOR CITY BLVD, SUITE 201 Address: Address:

City-St-Zip: MELBOURNE, FL 32901 City-St-Zip:

Title: DPST () Delete Title: () Change () Addition

Name: PRIDMORE, DONNA J Name: Address: ONE KENDALL SQUARE, PMB 113 Address: City-St-Zip: CAMBRIDGE, MA 02139 US City-St-Zip:

Title: () Delete Title: () Change () Addition

CRANE, STEPHEN A Name: Name: Address: P.O. BOX 3391 Address: City-St-Zip: TAMPA, FL 33601 City-St-Zip:

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: DONNA J. PRIDMORE DPST 01/07/2009