2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N98000000843

FILED Oct 20, 2009 Secretary of State

Entity Name: BOCA RATON PUBLIC LIBRARY FOUNDATION, INC.

Current Principal Place of Business: New Principal Place of Business: 200 NW BOCA RATON BLVD 1501 NW SPANISH RIVER BLVD BOCA RATON, FL 334323720 BOCA RATON, FL 33434 **Current Mailing Address: New Mailing Address:** 200 NW BOCA RATON BLVD 1501 NW SPANISH RIVER BLVD BOCA RATON, FL 334323720 BOCA RATON, FL 33434 FEI Number: 65-0817182 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: O'CONNELL, CATHERINE A 3028 NW 28TH AVE BOCA RATON, FL 33431 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: CATHERINE A. O'CONNELL Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition MURDOCH, RICHARD Name: Name: 774 AZALEA ST Address: Address: City-St-Zip: BOCA RATON, FL 33432 City-St-Zip: Title: () Delete Title: () Change () Addition Name: KING, BETH DR. Name: Address: 2360 NW 45 TH ST. Address: City-St-Zip: BOCA RATON, FL 33431 City-St-Zip: Title: () Delete Title: () Change () Addition MURDOCH, KATHLEEN Name: Name: 774 AZALEA STREET Address: Address: City-St-Zip: BOCA RATON, FL 33486 City-St-Zip: () Delete Title: DT Title: () Change () Addition O'CONNELL, CATHERINE A Name: Name: Address: 3028 NW 28TH AVE Address: City-St-Zip: BOCA RATON, FL 33431 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: CATHERINE A. O'CONNELL DT 10/20/2009