2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 21, 2002 8:00 AM
Secretary of State

DOCUMENT# N98000002873

Entity Name: MAYAPUR FOUNDATION, INC.

Current Principal Place of Business:

P. O. BOX 747
ALACHUA, FL 326160747

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 747
ALACHUA, FL 326160747

New Mailing Address:

FEI Number: 59-3510862 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SPELLMAN, SETH W ESQ.
15206 NW 89TH STREET
ALACHUA, FL 32615

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: P ( ) Delete
Name: WOODHAM, CARL
Address: 14005 NW 49TH AVE
City-St-Zip: GAINESVILLE, FL 32606

Title: ST ( ) Delete
Name: LEMIEUX, PIERRE
Address: 18024 NW 112TH BLVD
City-St-Zip: ALACHUA, FL 32615

Title: D ( ) Delete
Name: D'COSTA, NORMAN
Address: 30 HAYBERRY ST
City-St-Zip: CROWS NEST, NSW, AUSTRALIA, 2065

Title: D ( ) Delete
Name: SIMS, JOHN R
Address: 5207 SUNSHINE CANYON DRIVE
City-St-Zip: BOULDER, CO 80302

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: WOODHAM, CARL
Address: 20610 NORTH STATE ROAD 121
City-St-Zip: LACROSSE, FL 32658

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: PIERRE LEMIEUX ST 03/21/2002

Electronic Signature of Signing Officer or Director — Date