NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED May 02, 2003 8:00 am Secretary of State 05-02-2003 90741 032 ****61.25

1. Entity Nan	oster Family Foundatio						
	DO NOT WRITE	IN THIS	SPACE		90123069	·	
Principal Place of Business 1201 George Bush Blvd. Suite, Apt. #, etc.		3. Mailing Address 1201 George Bush Blvd, Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE			
City & State Delray Beach, FL		City & State Delray Beach, FL		4. FEI Number 650849492 Applied For Not Applicable			
Zip 33483	Country Palm Beach	Zip 33483	Country Palm Beach	5. Certificate of Status Desired Fee Required			
			The SI ST II SHE		ss of Current Registered	Agent	
			「辿り」 N ^{ame} Chapii	Name Chapin, Robert D.			
		10 10 10 10 10 10 10 10 10 10 10 10 10 1		Street Address (P.O. Box Number is Not Acceptable)			
IN THIS SPACE			ALS TO THE REPORT AND ADDRESS OF THE PERSON ADDRESS OF THE P	01 George Bush Blvd.			
			City Delray E	Beach	FL	Zip Code 33483	
	named entity submits this statement for tions of registered agent.	or the purpose of chang	ging its registered office or register	ed agent, or both, in t	the state of Florida. I am fa	miliar with, and accept	
11.5 congu					¢	l	
SIGNATURE			Director/Secretary				
	Signature, typed or printed name of registered agent	and title if applicable.	(NOTE: Registered Agent signature required	when reinstating)	DATE		
	FEE IS \$61.25 Initial or Amended UBR	505000000000000000000000000000000000000	ion Campaign Financing Fund Contribution.	\$5.00 May Be Added to Fees	Make Check Florida Depart		
10.	OFFICERS AND DII	RECTORS	[24年][15][20][3][4][5]				
TITLE	Foster, Benjamin R., Direc						
NAME STREET ADDRESS	88 Shakon Road		 6930 (4046) 4040 404 404 (7476) 205 (25) 	AAME STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP				
TITLE	Hutabisaan Batrisia E. Dir		tine				
NAME	Hutchinson, Patricia F., Dii 19 Prospect Ridge #58	11MME					
STREET ADDRESS CITY-ST-ZIP	Ridgefield, CT 06877	(STREET ADORESS) CITY-ST-ZIP					
TITLE	TITLE TO A CONTROL OF THE CONTROL OF						
NAME	1 476 Sulvania Driva					face 17 16 16 16 16 16 16 16 16 16 16 16 16 16	
STREET ADDRESS CITY-ST-ZIP	BARACTER DA 45047		STREET AOORESS CITY-ST-ZIP		NOT WRI	TE CONTRACTOR	
TITLE		·····	TITLE	3 min 5 7 6 - 60 - 4-1	18 44 1 15 To odd 21 19 44 0	ALCOHOLOGIC CONTRACTOR	
NAME	1264 Chatam May			I VII	HIS SPAC		
STREET ADDRESS CITY-ST-ZIP	Mont Charter DA 10300		STREET AODRESS CITY-ST-ZIP				
TITLE	DoMarco Dobasah E. Dia		Fine 2	er program program. Logica de la comoción			
NAME	131 Form Street		NAME				
STREET ADDRESS CITY-ST-ZIP	Dover, MA 0203		STREET ADDRESS*				
TITLE							
NAME	Schmerge, Judith F., Direc	tor	NAME				
STREET ADDRESS	4670 Huntridge Drive Roswell, GA 30075		STREET ADDRESS				
CITY-ST-ZIP	L 33.10.1, 07.1007.0		CITY ST-ZIP				

12. I hereby certify that the information supplied with this filing 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 on an attachment with an address, with all other like empowered.

SIGNATURE: DECEMBER FOR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

561-272-1225

Daytime Phone #