2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

ANNUAL REPORT DOCUMENT # N98000006772

1. Entity Name

THE PEKINGESE CHARITABLE FOUNDATION, INC.



FILED
Feb 19, 2004 08:00 AM
Secretary of State

Principal Place of Business

1311 W. IRVING BLVD. IRVING, TX 75061 Mailing Address

ATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1311 W. IRVING BLVD. IRVING, TX 75061



DO NOT WRITE IN THIS SPACE

02152004 No Chg-NP

CR2E037 (10/03)

4. FEI Nümber 65-0875790 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM C/O CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324

DO NOT WRITE IN THIS SPACE

| PLANTATION, PL 33324 | | | | | | |
|---|---|--|--|--------------------------------|--------------|--|
| 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 Signature. Nipodier or dictinante of registered agent and title if applicable ITHETE. Registered Agent annitrio required when reinstalling). DATE | | | | | | |
| | Filing Fee is \$61.25 Due by May 1, 2004 | 9. Election Campaign Finan Trust Fund Contribution. | . — | \$5.00 May Be Added to Fees | | |
| 10. | OFFICERS AND DIRE | CTORS | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DVP BLAIR, WILLIAM 38 ALPINE ROAD GREENWICH, CT 06830 | | ⊍ი∩იბიი57972 02/20/04-80011-002 61.25 | | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | DS GRAVES, THOMAS K DVM 605 ELIOT DRIVE URBANA, IL 61801 | | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D SCHULTZ, LEONIE M 19726 RAINBOW RIDGE RD BERGTON, VA 228119720 | | | DO | DO NOT WRITE | |
| TITLE NAME STREET ADDRESS CITY-ST ZIP | DT SUTTON, DONALD 507 S MANUS DRIVE DALLAS, TX 75224 | | IN THIS SPACE | | | |
| TITLE NAME STREET ADDRESS CITY ST-ZIP | DP POOLE, ELIZABETH T 240 SHERMANTOWN RD SAUNDERSTOWN, RI 02374 | | | | | |
| TITLE MAME STREET ADDRESS 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 Block 11 if changed, or on an attachment with an address, with all other like empowered. | | | | | | |