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1/12/01-

FILED
Feb 22, 2001 8:00 am
Secretary of State

01-12-2001 90027 032 ****61.25

1. Entity Name

JOHN R. WHITMAN MEMORIAL FUND, INC.

Principal Place of Business	Mailing Address
6180 KARI DR. MELBOURNE FL 32940	6180 KARI DR. MELBOURNE FL 32940

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3612434 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
WHITMAN, JOHN C 6180 KARI DR. MELBOURNE FL 32940	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25	9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees	Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10
TITLE PT NAME WHITMAN, JOHN STREET ADDRESS 6180 KARI DR CITY-ST-ZIP MELBOURNE FL 32940 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition
TITLE VPT NAME WHITMAN, JIM STREET ADDRESS 4569 PETOSEY CITY-ST-ZIP WILLIAMSTON MI 48895 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition
TITLE D NAME FINNIGAN, ROGER STREET ADDRESS 495 RIVER MOORING DR CITY-ST-ZIP MERRITT ISLAND FL 32953 ☒ Delete (STILL ON BOARD)	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition
TITLE D. NAME ~~PISCAN, BOBAY~~ STREET ADDRESS ~~6127 MORGAN DR~~ CITY-ST-ZIP ~~MELBOURNE FL 32940~~ ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition

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.

SIGNATURE: SIGNATURE REQUIRED — 1-7-01 — 321-242-7714

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (10/00)