2005 NOT-FOR-PROFIT CORPORATION

May 03, 2005 8:00 am Secretary of State **ANNUAL REPORT** 05-03-2005 90124 039 ****61.25 DOCUMENT # N99000007524 KOLITZ FAMILY FOUNDATION, INC. 40000014 Principal Place of Business Mailing Address RICHARD P. SILLS, ESQ./HOLLAND & KNIGHT RICHARD P. SILLS, ESQ./HOLLAND & KNIGHT 701 BRICKELL AVE., STE. 3000 701 BRICKELL AVE., STE. 3000 MIAMI, FL 33131 MIAMI, FL 33131 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01072005 Chg-NP CR2E037 (10/03) City & State City & State 4. FEI Number 65-0968813 Applied For Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent INTRASTATE REGISTERED AGENT CORRERATION Street Address (P.O. Box Number is Not Acceptable) 701 BRICKELL AVE., STE. 3000 MIAMI, FL 33131 City 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 Fiorida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable 9. Election Campaign Financing Filing Fee is \$61.25 \$5.00 May Be Trust Fund Contribution. Due by May 1, 2005 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. Addition TITLE Delete TITLE Change KOLITZ, ROBERT D NAME NAME STREET ADDRESS 302 RED CEDAR STREET ADDRESS SAN ANTONIO, TX 78230 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition KOLITZ, SANDORA J NAME NAME STREET ADDRESS 302 RED CEDAR STREET ADDRESS CITY-ST-ZIP SAN ANTONIO, TX 78230 CITY-ST-ZIP ☐ Addition Change TITLE Delete TITLE NAME SILLS, RICHARD P NAME HOLLAND & KNIGHT, 701 BRICKELL AVE #3000 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33131 CITY-ST-ZIP TITLE ☐ Defete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CrTY-ST-ZIP CITY-ST-ZIP TITLE ☐ Addition TITLE ☐ Change ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete -TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

ICER OR DIRECTOR

FILED