2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000007527

Entity Names CLIANA/ FANALLY FOLINIDATIO

FILED Jan 08, 2004 Secretary of State

Entity Name: SHAW FAMILY FOUNDATION, INC. **Current Principal Place of Business: New Principal Place of Business:** 750 WHITE POND DR **AKRON, OH 44320 Current Mailing Address: New Mailing Address:** 750 WHITE POND DR AKRON, OH 44320 FEI Number: 65-0986251 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: SULZBERGER, ERIC W 1090 KANE CONCOURSE STE. 201 BAY HARBOR, FL 33154 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete SHAW, JERRY Name: Name: 4740 S, OCEAN BLVD #1616 Address: Address: City-St-Zip: BOCA RATON, FL 33487 City-St-Zip: Title: () Delete Title: () Change () Addition Name: SHAW, PATSY L Name: Address: 4740 S. OCEAN BLVD #1616 Address: City-St-Zip: BOCA RATON, FL 33487 City-St-Zip: Title: () Delete Title: (X) Change () Addition SHAW, DEBORAH L Name: SHAW, DEBORAH L Name: 3303 WYNDHAM CIR #247 Address: Address: 24 8TH STREET N.E. City-St-Zip: ALEXANDRIA, VA 22302 City-St-Zip: WASHINGTON .. DC 20002 Title: SD () Delete Title: () Change () Addition Name: FOSTER, GRETA Name: C/O 750 WHITE POND DR Address: Address: City-St-Zip: AKRON, OH 44320 City-St-Zip: Title: Title: () Delete () Change () Addition WISE, MICHAEL Name: Name:

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.

Address:

City-St-Zip:

SIGNATURE: GRETA FOSTER SD 01/08/2004

C/O 750 WHITE POND DR

AKRON, OH 44320

Address:

City-St-Zip: