

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Jan 08, 2004  
Secretary of State**

DOCUMENT# N99000007527

Entity Name: SHAW FAMILY FOUNDATION, INC.

**Current Principal Place of Business:**

750 WHITE POND DR  
AKRON, OH 44320

**New Principal Place of Business:**

**Current Mailing Address:**

750 WHITE POND DR  
AKRON, OH 44320

**New Mailing Address:**

FEI Number: 65-0986251      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SULZBERGER, ERIC W  
1090 KANE CONCOURSE STE. 201  
BAY HARBOR, FL 33154 US

**Name and Address of New Registered Agent:**

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:**

Title: PD ( ) Delete  
Name: SHAW, JERRY  
Address: 4740 S, OCEAN BLVD #1616  
City-St-Zip: BOCA RATON, FL 33487

Title: VP ( ) Delete  
Name: SHAW, PATSY L  
Address: 4740 S, OCEAN BLVD #1616  
City-St-Zip: BOCA RATON, FL 33487

Title: VP ( ) Delete  
Name: SHAW, DEBORAH L  
Address: 3303 WYNDHAM CIR #247  
City-St-Zip: ALEXANDRIA, VA 22302

Title: SD ( ) Delete  
Name: FOSTER, GRETA  
Address: C/O 750 WHITE POND DR  
City-St-Zip: AKRON, OH 44320

Title: TD ( ) Delete  
Name: WISE, MICHAEL  
Address: C/O 750 WHITE POND DR  
City-St-Zip: AKRON, OH 44320

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VP (X) Change ( ) Addition  
Name: SHAW, DEBORAH L  
Address: 24 8TH STREET N.E.  
City-St-Zip: WASHINGTON ., DC 20002

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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.

SIGNATURE: GRETA FOSTER

SD

01/08/2004

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date