

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000007527

FILED
Jan 20, 2009
Secretary of State

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: 24 8TH STREET N.E.
City-St-Zip: WASHINGTON ., DC 20002

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

Title: TD (X) Delete
Name: KOCHD, DAVID
Address: 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: () Change () Addition
Name:
Address:
City-St-Zip:

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

Title: TD (X) Change () Addition
Name: KOCH, DAVID
Address: C/O 750 WHITE POND DR
City-St-Zip: AKRON, OH 44320

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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

01/20/2009

Electronic Signature of Signing Officer or Director

Date