FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 26, 2005 8:00 am
Secretary of State
05-26-2005 90026 008 ***150.00

DOCUMENT # P00001026139

1. Entity Name
FOUNDATION RESEARCH, INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
PINELLAS COUNTY FL	900 CENTRAL AV
Suite, Apt. #, etc.: 900 CENTRAL AV	Suite, Apt. #, etc.:
City & State: ST. PETERSBURG	City & State: ST. PETERSBURG FL
Zip: FL 33705 Country: USA	Zip: 33705 Country: USA

DO NOT WRITE IN THIS SPACE

4. FEI Number: 59-3603806 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: MICHAEL E MCIVOR
Street Address (P.O. Box Number is Not Acceptable): 900 CENTRAL AV
City: ST. PETERSBURG FL Zip Code: 33705

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and date. If applicable (NOTE: Registered Agent's signature required when reinstating)

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PRESIDENT	TITLE	
NAME	MICHAEL E. MCIVOR	NAME	
STREET ADDRESS	900 CENTRAL AV	STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG FL 33705	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
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CITY-ST-ZIP		CITY-ST-ZIP	

CR2E034B (12/02)

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 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: Michael E McIvor 5/23/05 (727)823-4279
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #