

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000128974

FILED  
Apr 17, 2004  
Secretary of State

**Entity Name:** THE SCRIPPS RESEARCH INSTITUTE, INC.

**Current Principal Place of Business:**

101 FIRST COURT  
LAKE WORTH, FL 33463

**New Principal Place of Business:**

409 PINE GLEN LANE UNIT C2  
GREENACRES, FL 33463

**Current Mailing Address:**

101 FIRST COURT  
LAKE WORTH, FL 33463

**New Mailing Address:**

409 PINE GLEN LANE UNIT C2  
GREENACRES, FL 33463

**FEI Number:**                      **FEI Number Applied For (X)**                      **FEI Number Not Applicable ( )**                      **Certificate of Status Desired (X)**

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

SCOTT, VIRGINIA T  
17391 ALEXANDER RUN  
JUPITER, FL 33478

**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

**Election Campaign Financing Trust Fund Contribution ( )**.

**OFFICERS AND DIRECTORS:**

Title: PS ( ) Delete  
Name: HEILMAN, DAVID L  
Address: 101 FIRST COURT  
City-St-Zip: LAKE WORTH, FL 33463

Title: VT ( ) Delete  
Name: SCOTT, VIRGINIA T  
Address: 17391 ALEXANDER RUN  
City-St-Zip: JUPITER, FL 33478

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

Title: PS (X) Change ( ) Addition  
Name: HEILMAN, DAVID L  
Address: 409 PINE GLEN LANE UNIT C2  
City-St-Zip: GREENACRES, FL 33463

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

SIGNATURE: VIRGINIA T. SCOTT

VT

04/17/2004

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

\_\_\_\_\_  
Date