2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2008
Secretary of State

DOCUMENT# P17975

Entity Name: AMERICARES FOUNDATION, INC.

Current Principal Place of Business:

88 HAMILTON AVENUE
STAMFORD, CT 06902

New Principal Place of Business:

Current Mailing Address:

88 HAMILTON AVENUE
STAMFORD, CT 06902

New Mailing Address:

FEI Number: 06-1008595 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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: DC ( ) Delete
Name: MACAULEY, ROBERT C.,
Address: 88 HAMIHEN AVE
City-St-Zip: STAMFORD, CT 06902

Title: P ( ) Delete
Name: WELLING, CURTIS R
Address: 88 HAMILITON AVE,
City-St-Zip: STAMFORD, CT 06902

Title: VP ( ) Delete
Name: POST, WILLIAM S
Address: 88 HAMIHEN AVE
City-St-Zip: STAMFORD, CT 06902

Title: CFO ( ) Delete
Name: FARNSWORTH, PETER W
Address: 88 HAMIHEN AVE
City-St-Zip: STAMFORD, CT 06902

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DC (X) Change ( ) Addition
Name: MACAULEY, ROBERT C.,
Address: 88 HAMILTON AVE
City-St-Zip: STAMFORD, CT 06902

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

Title: VP (X) Change ( ) Addition
Name: OBRIEN, CAROLYN
Address: 88 HAMILTON AVE
City-St-Zip: STAMFORD, CT 06902

Title: CFO (X) Change ( ) Addition
Name: POST, WILLIAM
Address: 88 HAMILTON AVE
City-St-Zip: STAMFORD, CT 06902

Title: S ( ) Change (X) Addition
Name: MACAULEY, ALMA JANE
Address: 88 HAMILTON AVE
City-St-Zip: STAMFORD, CT 06902

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: WILLIAM POST CFO 04/11/2008

Electronic Signature of Signing Officer or Director — Date