

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 23, 2001 8:00 am
Secretary of State

04-23-2001 90087 010 ***150.00

DOCUMENT # P28051

1. Entity Name

ED FRIEND, INC.

Principal Place of Business

**1150 18TH STREET. NW
SUITE 225
WASHINGTON DC 20036**

Mailing Address

**1150 18TH STREET. NW
SUITE 225
WASHINGTON DC 20036**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **52-1659394**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**FRIEND, EDWARD H
16569 BAYVIEW RD #122
BOCA RATON FL 33434**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☒

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD FRIEND, EDWARD H. 1150 18TH STREET #225 WASHINGTON DC 20036	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S FRIEND, ELEANOR B. 1150 18TH STREET #225 WASHINGTON DC 20036	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CROWDER, A. N 6 CANOE TRAIL DAVIE CT 06820	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MCCRORY, ROBERT T 3131 BROADWAY E SEATTLE WA 98102	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Crowder, A.N. 159 EAST AVE. NEW CANAAN, CT. 06840	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MCCRORY ROBERT T. 1532 E. MCGRAW ST. SEATTLE, WA 98112	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S McGraw, Kari F 1532 E. MCGRAW ST. SEATTLE, WA. 98112	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

EDWARD H. FRIEND

Date

Daytime Phone #

4-15-01 202-785-4985

CR2E034 (10/00)