


**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 12, 2004 8:00 am**  
**Secretary of State**

04-12-2004 90683 037 \*\*\*150.00

DOCUMENT # <b>P28051</b>	
1. Entity Name <b>EFI ACTUARIES</b> <b>ED FRIEND, INC.</b>	

**DO NOT WRITE IN THIS SPACE**

**94051064**

2. Principal Place of Business <b>1150 18th STREET, NW</b> Suite, Apt. #, etc. <b>225</b> City & State <b>WASHINGTON, DC 20036</b> Zip <b>20036</b> Country		3. Mailing Address <b>1150 18th STREET, NW</b> Suite, Apt. #, etc. <b>225</b> City & State <b>WASHINGTON, DC 20036</b> Zip <b>20036</b> Country	
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DO NOT WRITE IN THIS SPACE

<b>DO NOT WRITE IN THIS SPACE</b>	4. FEI Number <b>52-1659394</b>		Applied For <input type="checkbox"/> Not Applicable
	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		
	7. Name and Address of Current Registered Agent		
	Name <b>FRIEND, EDWARD H.</b> Street Address (P.O. Box Number is Not Acceptable) <b>10569 BAYVIEW RD #122</b> City <b>BOCA RATON</b> <b>FL</b> Zip Code <b>33434</b>		

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE


**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 NAME STREET ADDRESS CITY-ST-ZIP	<b>PTD - FRIEND, EDWARD H.</b> <b>1150 18TH STREET, #225</b> <b>WASHINGTON, DC 20036</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D - CROWDER, A. N.</b> <b>159 EAST AVE.</b> <b>NEW CANAAN, CT 06840</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD - MCCRORY, ROBERT I.</b> <b>1532 E MCGRAW ST.</b> <b>SEATTLE, WA 98112</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DO NOT WRITE IN THIS SPACE</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S - MCGRORY, KARI F.</b> <b>1532 E MCGRAW ST.</b> <b>SEATTLE, WA 98112</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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:**  **EDWARD H. FRIEND** **4/5/04** **202-785-4985**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/02)