2002 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P34453 > THE ADLER FAMILY FOUNDATION, INC. Principal Place of Business Mailing Address 1520 SOUTH OCEAN BLVD 1520 SOUTH OCEAN BLVD. PALM BEACH FL 33480 PÁLM BEACH FL 33480

FILED Jan 24, 2002 8:00 am Secretary of State 01-24-2002 90002 010 ****61.25

US		1 1 4 0 11 0 11 14 0 12	<u>til offili kladi klido siti kladit öldir old</u>	ALI BLEIL BLGL	1 840 1 89			
2. Principal Place of Business		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE			
City& State		City & State		4. FEI Number	4. FEI Number Applied For Not Applicable] ⁻ -
Zip	Country	Zip	Country	5. Certificate of Si		.75 Add Required		1
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent				
ALCA ALCA SALVALO			Name	Name				
ADLER, FREDERICK:Rights			Street Add	Street Address (P.O. Box Number is Not Acceptable)				
C/O VENAD MANAGEMENT, INC								1
1520 SOUTH OCEAN BLVD TO SEE SEE			City		FL	Zip Code	•	{
8. The above	e named entity submits this statement fo	or the nurroose of changing its	registered office or r	egistered agent or both in	<u> </u>			1
	1:	or the purpose of changing to	regional a mad ar r	og.o.o.oo ago.ki, o, bour, iii	are state or , isnaa.			
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTI	E: Registered Agent signature	a required when reinstating)	DATE			
		,						┧
- 54 A	FILE NOW: FEE IS \$61.25	9. Election Car Trust Fund C	mpaign Financing Contribution.	\$5.00 May Be Added to Fees	Make Check P Department			
10.	ion.		11.	ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	ADLER, FREDERICK R.	☐ Delete	TITLE		L) Change	☐ Addition	8
NAME STREET AMORESS:	1520 SOUTH OCEAN BLVD		NAME STREET ADDRESS					1.7
CITY: ST: ZIP	PALM BEACH FL 33480		CITY-ST-ZIP					200
THEO ASMY		☐ Delete	+			Change	Addition	١Ş
	BUSH, WILLIAM	□ Delete	TITLE NAME			Change	Addition	١٠
	666 FIFTH AVE 30TH FLOOR		STREET ADDRESS					
CITY-ST-ZIP	NEW YORK NY 10103		CITY-ST-ZIP					
TITLE	VD	□ Delete	TITLE			Change	Addition	1
NAME	ADLER, CATHERINE G.	- Delete	NAME			Silango		
STREET ADDRESS	1520 SOUTH OCEAN BLVD		STREET ADDRESS					1
CITY-ST-ZIP	PALM BEACH FL		CITY-ST-ZIP					
TITLE		☐ Delete	TITLE			Change	☐ Addition	
NAME			NAME			-		
STREET ADDRESS			STREET ADDRESS					
CITY-ST-ZIP			CITY~ST~ZIP					
TITLE		☐ Delete	TITLE	5, * * *	· 人名伊斯特里	Change	· 🔲 Addition	Į
NAME			NAME		การแบบ (ค.ศ.) อาการแบบ (ค.ศ.)			
STREET ADDRESS			STREET ADDRESS	es,	of the same of the same same for the first of the same same same same same same same sam	±ar Ja., s		
SITY-ST-ZIP	(65d)	100 1 1 15 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	CITY-ST-ZIP					
म्बुभूहरणाम ०	ETS CAND	र 🗀 🔃 Delete 🚈 🛣	TITLE			Change	☐ Addition	
NAME			NAME					
STREET ADDRESS			STREET ADDRESS					
CITY-ST-ZIP	TERONO CONTRACTOR CONT		CITY-ST-ZIP					
12: Thereby (antily that the information supplied with	ithis filing does not qualify for	the exemption stated	d in Section 119.07(3)(i), Flo	prida Statutes. I further certify t	hat the inf	tormation	1

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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

561-658-1520