

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P36857

FILED
Apr 23, 2009
Secretary of State

Entity Name: THE LEWIS SCHOTT FOUNDATION, INCORPORATED

Current Principal Place of Business:

220 SUNRISE AVE
SUITE 216
PALM BEACH, FL 33480

New Principal Place of Business:

Current Mailing Address:

220 SUNRISE AVE
SUITE 216
PALM BEACH, FL 33480

New Mailing Address:

FEI Number: 58-1969908

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SCHOTT, LEWIS M.
200 SUNRISE AVENUE
SUITE 216
PALM BEACH, FL 33480 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: PD () Delete
Name: SCHOTT, LEWIS M.
Address: 226 VIA LAS BRISAS
City-St-Zip: PALM BEACH, FL 33480

Title: STD () Delete
Name: SCHOTT, NASH W.
Address: 4803 FOXHALL CRESCENT N.W.
City-St-Zip: WASHINGTON, DC 20007

Title: D () Delete
Name: SCHOTT, STEVEN G.
Address: 5 DARTMOUTH ST
City-St-Zip: FOREST HILLS GARDENS, NY 11375

Title: D () Delete
Name: DE ROTHSCHILD, VICTORIA
Address: 24 CARLYLE MANSONS, CHEYNE WALK
City-St-Zip: LONDON, UK SW3 5LS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

Title: D (X) Change () Addition
Name: DE ROTHSCHILD, VICTORIA
Address: FLAT 2, 10 EGERTON GARDENS
City-St-Zip: LONDON, UK SW3 2BP

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: LEWIS M. SCHOTT

PRES

04/23/2009

Electronic Signature of Signing Officer or Director

Date