2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 22, 2009
Secretary of State

DOCUMENT# F08000005376

Entity Name: MAKE-A-WISH FOUNDATION OF AMERICA, INC.

Current Principal Place of Business:

3550 NORTH CENTRAL AVE STE 300
PHOENIX, AZ 85012

New Principal Place of Business:

Current Mailing Address:

3550 NORTH CENTRAL AVE STE 300
PHOENIX, AZ 85012

New Mailing Address:

FEI Number: 86-0481941 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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: C ( ) Delete
Name: BIGLER, BOB
Address: 3550 NORTH CENTRAL AVE STE 300
City-St-Zip: PHOENIX, AZ 85012

Title: VC ( ) Delete
Name: ALLEN, SUZIE
Address: 3550 NORTH CENTRAL AVE STE 300
City-St-Zip: PHOENIX, AZ 85012

Title: T ( ) Delete
Name: SONDERS, LIZ ANN
Address: 3550 NORTH CENTRAL AVE STE 300
City-St-Zip: PHOENIX, AZ 85012

Title: PCEO ( ) Delete
Name: WILLIAMS, DAVID A
Address: 3550 NORTH CENTRAL AVE STE 300
City-St-Zip: PHOENIX, AZ 85012

Title: S ( ) Delete
Name: IRWIN, MARYJANE
Address: 3550 NORTH CENTRAL AVE STE 300
City-St-Zip: PHOENIX, AZ 85012

Title: VP ( ) Delete
Name: BOUDREAU, PHILIP M
Address: 3550 NORTH CENTRAL AVE STE 300
City-St-Zip: PHOENIX, AZ 85012

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

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

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

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: DAVID WILLIAMS PCEO 06/22/2009

Electronic Signature of Signing Officer or Director — Date