

2015 FOREIGN NOT FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# F97000001468

Entity Name: THOROUGHbred RETIREMENT FOUNDATION, INC.**Current Principal Place of Business:**10 LAKE AVENUE
2ND FLOOR
SARATOGA SPRINGS, NY 12866**Current Mailing Address:**P.O. BOX 834
SARATOGA SPRINGS, NY 12866 US**FEI Number:** 13-3132741**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US*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:** TRACI HOUCK

04/03/2015

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title C/D, PRESIDENT
Name MOORE, JOHN C
Address 106 W COUNTY LINE RD
City-State-Zip: BARRINGTON HILLS IL 60010

Title DIRECTOR
Name BILINSKI, JERRY DR.
Address 10 LAKE AVENUE
2ND FLOOR
City-State-Zip: SARATOGA SPRINGS NY 12866

Title DIRECTOR
Name HALE, LEONARD
Address 10 LAKE AVENUE
2ND FLOOR
City-State-Zip: SARATOGA SPRINGS NY 12866

Title DIRECTOR
Name HUTT, ROBERT
Address 10 LAKE AVENUE
2ND FLOOR
City-State-Zip: SARATOGA SPRINGS NY 12866

Title S/D, TREASURER
Name PIKULSKI, DIANA
Address 10 LAKE AVENUE
2ND FLOOR
City-State-Zip: SARATOGA SPRINGS NY 12866

Title DIRECTOR
Name DOMINO, CARL
Address 10 LAKE AVENUE
2ND FLOOR
City-State-Zip: SARATOGA SPRINGS NY 12866

Title DIRECTOR
Name HOLMES, LARRY
Address 10 LAKE AVENUE
2ND FLOOR
City-State-Zip: SARATOGA SPRINGS NY 12866

Title DIRECTOR
Name MACKAY, PATRICK
Address 10 LAKE AVENUE
2ND FLOOR
City-State-Zip: SARATOGA SPRINGS NY 12866

Continues on page 2

I hereby 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 all other like empowered.

SIGNATURE: TRACI HOUCK

POA

04/03/2015

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name MESSER, NAT
Address 10 LAKE AVENUE
2ND FLOOR
City-State-Zip: SARATOGA SPRINGS NY 12866

Title DIRECTOR
Name MOYER, WILLIAM
Address 10 LAKE AVENUE
2ND FLOOR
City-State-Zip: SARATOGA SPRINGS NY 12866

Title DIRECTOR
Name PRIGGEN, LESLIE
Address 10 LAKE AVENUE
2ND FLOOR
City-State-Zip: SARATOGA SPRINGS NY 12866

Title DIRECTOR
Name SCHERF, CHRISTOPHER
Address 10 LAKE AVENUE
2ND FLOOR
City-State-Zip: SARATOGA SPRINGS NY 12866

Title DIRECTOR
Name MIGLIORE, RICHARD
Address 10 LAKE AVENUE
2ND FLOOR
City-State-Zip: SARATOGA SPRINGS NY 12866

Title DIRECTOR
Name O'CAIN, SUZIE
Address 10 LAKE AVENUE
2ND FLOOR
City-State-Zip: SARATOGA SPRINGS NY 12866

Title DIRECTOR
Name SAYLOR, PAUL
Address 10 LAKE AVENUE
2ND FLOOR
City-State-Zip: SARATOGA SPRINGS NY 12866

Title POA
Name HOUCK, TRACI
Address C/O CT CORPORATION
120 SOUTH CENTRAL AVENUE SUITE
400
City-State-Zip: CLAYTON MO 63105