

APPLICATION
FOR
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N93000001804

1. Corporation Name

Macular Degeneration Foundation Inc.

FILED

01 MAY 29 AM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

3. Date Incorporated or Qualified

3a. Date of Last Report

4/22/1993

2. Principal Place of Business

2a. Mailing Address

4. FBI Number

Applied For

21 P.O. Box 9752

26 P.O. Box 9752

65-0403437

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

\$8.75 Additional Fee Required

22

27

City & State

City & State

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

23 San Jose CA

28 San Jose CA

Zip

County

Zip

County

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

24 95157

25 Santa Clara

29 95157

30 Santa Clara

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

Corporate Creations Network Inc.
941 Fourth Street #200
Miami Beach, FL 33139

81 Name

82 ~~Street Address (P.O. Box Number is Not Acceptable)~~

83

84 City

FL

85

Zip Code

11. Pursuant to the provisions of Sections 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE *Stephen Samuel* Stephen Samuel, Vice President CCN Inc.

5/23/01

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE Director/President/C.F.O. DELETE
NAME Edmund Aleks
STREET ADDRESS P.O. Box 9752
CITY-ST-ZIP San Jose CA 95157

1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE Director DELETE
NAME Martha M. Cameron
STREET ADDRESS P.O. Box 9752
CITY-ST-ZIP San Jose CA 95157

2.1 TITLE Director / Vice President Change Addition
2.2 NAME David Seftel
2.3 STREET ADDRESS P.O. Box 9752
2.4 CITY-ST-ZIP San Jose, CA 95157

TITLE Director/V Secretary DELETE
NAME Margaret T. Wilesmith
STREET ADDRESS P.O. Box 9752
CITY-ST-ZIP San Jose CA 95157

3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE Director DELETE
NAME Elmey D. Eger
STREET ADDRESS P.O. Box 9752
CITY-ST-ZIP San Jose CA 95157

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE Director DELETE
NAME David Roy
STREET ADDRESS P.O. Box 9752
CITY-ST-ZIP San Jose CA 95157

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE Director DELETE
NAME Philip Filmer
STREET ADDRESS P.O. Box 9752
CITY-ST-ZIP San Jose CA 95157

6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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 annual report or supplemental annual 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 12 or Block 13, or as attachment with an address.

SIGNATURE *Edmund Aleks* Edmund Aleks, President/Director

by S.T. Samuel as attorney-in-fact

5/23/01

(408) 260-1335

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #