

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 13, 2002 8:00 am**  
**Secretary of State**

02-13-2002 90287 013 \*\*\*\*61.25

**DOCUMENT # N93000001804**

1. Entity Name

**MACULAR DEGENERATION FOUNDATION, INC.**

Principal Place of Business

Mailing Address

**P.O. BOX 9752  
 SAN JOSE CA 95157  
 US**

**P.O. BOX 9752  
 SAN JOSE CA 95157  
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0403437**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional  
 Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CORPORATE CREATIONS NETWORK INC.  
 941 FOURTH STREET, #200  
 MIAMI BEACH FL 33139**

Name

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

City

**FL**

Zip Code

8. 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing  
 Trust Fund Contribution.

**\$5.00** May Be  
 Added to Fees

**Make Check Payable to  
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<b>DPCF</b>	<input type="checkbox"/> Delete
NAME	<b>ALEKS, EDMUND</b>	
STREET ADDRESS	<b>P.O. BOX 9752</b>	
CITY-ST-ZIP	<b>SAN JOSE CA 95157</b>	
TITLE	<b>DVP</b>	<input type="checkbox"/> Delete
NAME	<b>SEFTEL, DAVID</b>	
STREET ADDRESS	<b>P.O. BOX 9752</b>	
CITY-ST-ZIP	<b>SAN JOSE CA 95157</b>	
TITLE	<b>DVPS</b>	<input type="checkbox"/> Delete
NAME	<b>WILESMITH, MARGARET T</b>	
STREET ADDRESS	<b>P.O. BOX 9752</b>	
CITY-ST-ZIP	<b>SAN JOSE CA 95157</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>EGER, ELMY D</b>	
STREET ADDRESS	<b>P.O. BOX 9752</b>	
CITY-ST-ZIP	<b>SAN JOSE CA 95157</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>ROY, DAVID</b>	
STREET ADDRESS	<b>P.O. BOX 9752</b>	
CITY-ST-ZIP	<b>SAN JOSE CA 95157</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>FILMER, PHILIP</b>	
STREET ADDRESS	<b>P.O. BOX 9752</b>	
CITY-ST-ZIP	<b>SAN JOSE CA 95157</b>	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>DVPS</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KEITH COLGAN</b>	
STREET ADDRESS	<b>P.O. BOX 9752</b>	
CITY-ST-ZIP	<b>SAN JOSE, CA 95157</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I 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 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.

**SIGNATURE: SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)