

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997  
 AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED

Sep 24 1997 8:00am  
 Secretary of State

|   |   |   |
|---|---|---|
| NONPROFIT CORPORATION<br>ANNUAL REPORT<br><b>1997</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Mortham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|---|---|---|

**DOCUMENT # F96000001900 (7)**  
 1. Corporation Name  
**FOUNDATION INTERNATIONAL MEMBERSHIP SERVICES ADMINISTRATION, INC**



|   |   |
|---|---|
| Principal Place of Business<br><b>ABRAHAM DE VEERSTRAAT #4<br/>CURACAO NETHERLANDS ANTILLES</b> | Mailing Address<br><b>ABRAHAM DE VEERSTRAAT #4<br/>CURACAO NETHERLANDS ANTILLES</b> |
|---|---|

DO NOT WRITE IN THIS SPACE

|  |                              |
|--|------------------------------|
| 3. Date Incorporated or Qualified<br><b>04/16/1996</b> | 3a. Date of Last Report<br>— |
|--|------------------------------|

|   |  |               |               |
|---|--|---------------|---------------|
| 2. Principal Place of Business<br>21 <b>VAN ENGELENWEG 21A</b><br>Suite, Apt. #, etc.<br>22 <b>P.O. BOX 3335</b><br>City & State<br>23 <b>CURACAO NETHERLANDS ANTILLES</b><br>Zip<br>24 | 2a. Mailing Address<br>26 <b>VAN ENGELENWEG 21A</b><br>Suite, Apt. #, etc.<br>27 <b>P.O. BOX 3335</b><br>City & State<br>28 <b>CURACAO NETHERLANDS ANTILLES</b><br>Zip<br>29 | Country<br>25 | Country<br>30 |
|---|--|---------------|---------------|

|   |   |  |
|---|---|--|
| 4. FEI Number<br><b>98-0136014</b>  | Applied For<br><input type="checkbox"/> | Not Applicable<br><input type="checkbox"/> |
| 5. Certificate of Status Desired<br><input checked="" type="checkbox"/>   | <b>\$8.75</b> Additional Fee Required   |  |
| 6. Election Campaign Financing Trust Fund Contribution<br><input type="checkbox"/>  | <b>\$5.00</b> May Be Added to Fees      |  |
| 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |   |  |

9. Name and Address of Current Registered Agent  
**JOHNSON, PAUL B**  
**100 S. ASHLEY DR., #1450**  
**TAMPA FL 33602**

10. Name and Address of New Registered Agent

|   |           |
|---|-----------|
| 81 Name   |           |
| 82 Street Address (P.O. Box Number is Not Acceptable) |           |
| 83  |           |
| 84 City   | <b>FL</b> |
| 85 Zip Code   |           |

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_  
 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

|                |                                     |                                 |
|----------------|-------------------------------------|---------------------------------|
| TITLE          | <b>DC</b>                           | <input type="checkbox"/> DELETE |
| NAME           | <b>LIGHT, JANET</b>                 |                                 |
| STREET ADDRESS | <b>DOKWEG #19</b>                   |                                 |
| CITY-ST-ZIP    | <b>CURACAO NETHERLANDS ANTILLES</b> |                                 |
| TITLE          | <b>DC</b>                           | <input type="checkbox"/> DELETE |
| NAME           | <b>RONNQVIST, EWA</b>               |                                 |
| STREET ADDRESS | <b>DOKWEG #19</b>                   |                                 |
| CITY-ST-ZIP    | <b>CURACAO NETHERLANDS ANTILLES</b> |                                 |
| TITLE          | <b>D</b>                            | <input type="checkbox"/> DELETE |
| NAME           | <b>COHEE, LISE L</b>                |                                 |
| STREET ADDRESS | <b>DOKWEG #19</b>                   |                                 |
| CITY-ST-ZIP    | <b>CURACAO NETHERLANDS ANTILLES</b> |                                 |
| TITLE          | <b>D</b>                            | <input type="checkbox"/> DELETE |
| NAME           | <b>FRASER, DEBORAH</b>              |                                 |
| STREET ADDRESS | <b>DOKWEG #19</b>                   |                                 |
| CITY-ST-ZIP    | <b>CURACAO NETHERLANDS ANTILLES</b> |                                 |
| TITLE          |                                     | <input type="checkbox"/> DELETE |
| NAME           |                                     |                                 |
| STREET ADDRESS |                                     |                                 |
| CITY-ST-ZIP    |                                     |                                 |
| TITLE          |                                     | <input type="checkbox"/> DELETE |
| NAME           |                                     |                                 |
| STREET ADDRESS |                                     |                                 |
| CITY-ST-ZIP    |                                     |                                 |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                    |                             |  |
|--------------------|-----------------------------|--|
| 1.1 TITLE          | <b>DC</b>                   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME           | <b>MC LAUGHLIN, JANET</b>   |  |
| 1.3 STREET ADDRESS | <b>P.O. BOX 2422</b>        | <b>N/A</b>   |
| 1.4 CITY-ST-ZIP    | <b>CLEARWATER, FL 33757</b> |  |
| 2.1 TITLE          | <b>DC</b>                   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME           | <b>RONNQVIST, EWA</b>       |  |
| 2.3 STREET ADDRESS | <b>P.O. BOX 1931</b>        | <b>N/A</b>   |
| 2.4 CITY-ST-ZIP    | <b>CLEARWATER, FL 33757</b> |  |
| 3.1 TITLE          | <b>DC</b>                   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME           | <b>COHEE, LISE L.</b>       | <b>N/A</b>   |
| 3.3 STREET ADDRESS | <b>P.O. BOX 2714</b>        |  |
| 3.4 CITY-ST-ZIP    | <b>CLEARWATER, FL 33757</b> |  |
| 4.1 TITLE          | <b>DC</b>                   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME           | <b>FRASER, DEBORAH</b>      | <b>N/A</b>   |
| 4.3 STREET ADDRESS | <b>P.O. BOX 956</b>         |  |
| 4.4 CITY-ST-ZIP    | <b>CLEARWATER, FL 33757</b> |  |
| 5.1 TITLE          |                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 5.2 NAME           |                             |  |
| 5.3 STREET ADDRESS |                             |  |
| 5.4 CITY-ST-ZIP    |                             |  |
| 6.1 TITLE          |                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 6.2 NAME           | <b>500002303875</b>         |  |
| 6.3 STREET ADDRESS | <b>-09/25/97--0111--029</b> |  |
| 6.4 CITY-ST-ZIP    | <b>***70.00</b>             |  |

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: SIGNATURE REQUIRED COHEE **30/7/97** **(813) 445 4309**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (4/97)

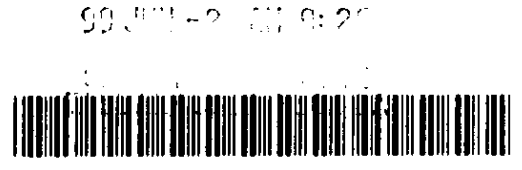
**NONPROFIT CORPORATION ANNUAL REPORT 1998**



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # F96000001900 (7)**

1. Corporation Name  
**FOUNDATION INTERNATIONAL MEMBERSHIP SERVICES ADMINISTRATION, INC.**



Principal Place of Business: **VAN ENGELENWEG 21A, P.O. BOX 3335, CURACAO NETHERLANDS ANTILLES**  
 Mailing Address: **VAN ENGELENWEG 21A, P.O. BOX 3335, CURACAO NETHERLANDS ANTILLES**

3. Date Incorporated or Qualified: **04/16/1996**  
 4. FEI Number: **98-0136014**  
 5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**  
 6. Election Campaign Financing Trust Fund Contribution:  **\$5.00 May Be Added to Fees**  
 7. Is this nonprofit corporation a homeowners association?  Yes  No  
 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

2. Principal Place of Business  
 21 Suite, Apt. #, etc.  
 22 City & State  
 23 Zip  
 24 Country  
 25  
 26  
 27  
 28  
 29  
 30

9. Name and Address of Current Registered Agent  
**JOHNSON, PAUL B**  
**112 South Magnolia Ave**  
**Tampa FL 33606**

10. Name and Address of New Registered Agent  
 81 Name  
 82 Street Address (P.O. Box Number is Not Acceptable)  
 83  
 84 City  
 85 Zip Code

11. Pursuant to the provisions of sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.  
 SIGNATURE: *Paul B Johnson* DATE: **3/24/99**

12. OFFICERS AND DIRECTORS

|                |                     |  |
|----------------|---------------------|--|
| TITLE          | DC                  | <input checked="" type="checkbox"/> DELETE |
| NAME           | MCLAUGHLIN, JANET   |  |
| STREET ADDRESS | P.O. BOX 2422       |  |
| CITY-ST-ZIP    | CLEARWATER FL 33757 |  |
| TITLE          | DC                  | <input type="checkbox"/> DELETE            |
| NAME           | RONNQUIST, EWA      |  |
| STREET ADDRESS | P.O. BOX 1931       |  |
| CITY-ST-ZIP    | CLEARWATER FL 33757 |  |
| TITLE          | D                   | <input type="checkbox"/> DELETE            |
| NAME           | COHEE, LISE L       |  |
| STREET ADDRESS | P.O. BOX 2714       |  |
| CITY-ST-ZIP    | CLEARWATER FL 33757 |  |
| TITLE          | D                   | <input type="checkbox"/> DELETE            |
| NAME           | FRASER, DEBORAH     |  |
| STREET ADDRESS | P.O. BOX 956        |  |
| CITY-ST-ZIP    | CLEARWATER FL 33757 |  |
| TITLE          |                     | <input type="checkbox"/> DELETE            |
| NAME           |                     |  |
| STREET ADDRESS |                     |  |
| CITY-ST-ZIP    |                     |  |
| TITLE          |                     | <input type="checkbox"/> DELETE            |
| NAME           |                     |  |
| STREET ADDRESS |                     |  |
| CITY-ST-ZIP    |                     |  |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                    |  |
|--------------------|--|
| 1.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 1.2 NAME           |  |
| 1.3 STREET ADDRESS |  |
| 1.4 CITY-ST-ZIP    |  |
| 2.1 TITLE          | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 2.2 NAME           | DC KENNETH, PIRAK  |
| 2.3 STREET ADDRESS | P.O. BOX 1373  |
| 2.4 CITY-ST-ZIP    | CLEARWATER, FL 33757   |
| 3.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 3.2 NAME           |  |
| 3.3 STREET ADDRESS |  |
| 3.4 CITY-ST-ZIP    |  |
| 4.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 4.2 NAME           |  |
| 4.3 STREET ADDRESS |  |
| 4.4 CITY-ST-ZIP    |  |
| 5.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 5.2 NAME           |  |
| 5.3 STREET ADDRESS |  |
| 5.4 CITY-ST-ZIP    |  |
| 6.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 6.2 NAME           |  |
| 6.3 STREET ADDRESS |  |
| 6.4 CITY-ST-ZIP    |  |

**REINSTATEMENT 98-1979 B**

14. 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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.  
 SIGNATURE: *Lise L Cohee* DATE: **30/7/98** PHONE: **813-445-4356**

**FILED**  
**Feb 26, 2000 8:00 am**  
**Secretary of State**

02-26-2000 90027 005 \*\*\*\*70.00

**DOCUMENT # F96000001900**

1. Entity Name

**FOUNDATION INTERNATIONAL MEMBERSHIP SERVICES ADM**

|  |  |
|--|--|
| Principal Place of Business<br>VAN ENGELENWEG 21A<br>P.O. BOX 3335<br>CURACAO NETHERLANDS ANTILLES | Mailing Address<br>VAN ENGELENWEG 21A<br>P.O. BOX 3335<br>CURACAO NETHERLANDS ANTILLES |
|--|--|



DO NOT WRITE IN THIS SPACE

|   |   |
|---|---|
| 2. Principal Place of Business<br>Suite, Apt. #, etc. | 3. Mailing Address<br>Suite, Apt. #, etc. |
| City & State  | City & State                              |

|                                    |   |   |
|------------------------------------|---|---|
| 4. FEI Number<br><b>98-0136014</b> | Applied For<br><input type="checkbox"/> | Not Applicable<br><input checked="" type="checkbox"/> |
|------------------------------------|---|---|

|     |         |     |         |
|-----|---------|-----|---------|
| Zip | Country | Zip | Country |
|-----|---------|-----|---------|

|  |                                       |
|--|---------------------------------------|
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | <b>\$8.75</b> Additional Fee Required |
|--|---------------------------------------|

6. Name and Address of Current Registered Agent

**JOHNSON, PAUL B**  
**112 SOUTH MAGNOLIA AVE**  
**TAMPA FL 33606**

7. Name and Address of New Registered Agent

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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

|                |                     |                                 |
|----------------|---------------------|---------------------------------|
| TITLE          | DC                  | <input type="checkbox"/> Delete |
| NAME           | PIRAK, KENNETH      |                                 |
| STREET ADDRESS | P.O. BOX 1373       |                                 |
| CITY-ST-ZIP    | CLEARWATER FL 33757 |                                 |
| TITLE          | DC                  | <input type="checkbox"/> Delete |
| NAME           | RONNQUIST, EWA      |                                 |
| STREET ADDRESS | P.O. BOX 1931       |                                 |
| CITY-ST-ZIP    | CLEARWATER FL 33757 |                                 |
| TITLE          | D                   | <input type="checkbox"/> Delete |
| NAME           | COHEE, LISE L       |                                 |
| STREET ADDRESS | P.O. BOX 2714       |                                 |
| CITY-ST-ZIP    | CLEARWATER FL 33757 |                                 |
| TITLE          | D                   | <input type="checkbox"/> Delete |
| NAME           | FRASER, DEBORAH     |                                 |
| STREET ADDRESS | P.O. BOX 956        |                                 |
| CITY-ST-ZIP    | CLEARWATER FL 33757 |                                 |
| TITLE          |                     | <input type="checkbox"/> Delete |
| NAME           |                     |                                 |
| STREET ADDRESS |                     |                                 |
| CITY-ST-ZIP    |                     |                                 |
| TITLE          |                     | <input type="checkbox"/> Delete |
| NAME           |                     |                                 |
| STREET ADDRESS |                     |                                 |
| CITY-ST-ZIP    |                     |                                 |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

|                |  |   |
|----------------|--|---|
| 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    |  |   |
| 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: LISE COHEE **REQUIRE LISE COHEE** 31 Jan 2000 727-445-4309  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CP2E037 (9/99)

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 28, 2001 8:00 am**  
**Secretary of State**

02-28-2001 90004 008 \*\*\*\*70.00

**DOCUMENT # F96000001900**

1. Entity Name

**FOUNDATION INTERNATIONAL MEMBERSHIP SERVICES ADM**

Principal Place of Business

**VAN ENGELENWEG 21A  
 P.O. BOX 3335  
 CURAÇAO NETHERLANDS ANTILLES**

Mailing Address

**VAN ENGELENWEG 21A  
 P.O. BOX 3335  
 CURAÇAO NETHERLANDS ANTILLES**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

**Po Box 899**

Suite, Apt. #, etc.

**CLEARWATER, FL**

**33757**

**USA**



DO NOT WRITE IN THIS SPACE

4. FEI Number

**98-0136014**

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**JOHNSON, PAUL B  
 112 SOUTH MAGNOLIA AVE  
 TAMPA FL 33606**

7. Name and Address of New Registered Agent

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

|                |                            |                                 |
|----------------|----------------------------|---------------------------------|
| TITLE          | <b>DC</b>                  | <input type="checkbox"/> Delete |
| NAME           | <b>PIRAK, KENNETH</b>      |                                 |
| STREET ADDRESS | <b>P.O. BOX 1373</b>       |                                 |
| CITY-ST-ZIP    | <b>CLEARWATER FL 33757</b> |                                 |
| TITLE          | <b>DC</b>                  | <input type="checkbox"/> Delete |
| NAME           | <b>RONNQUIST, EWA</b>      |                                 |
| STREET ADDRESS | <b>P.O. BOX 1931</b>       |                                 |
| CITY-ST-ZIP    | <b>CLEARWATER FL 33757</b> |                                 |
| TITLE          | <b>D</b>                   | <input type="checkbox"/> Delete |
| NAME           | <b>COHEE, LISE L</b>       |                                 |
| STREET ADDRESS | <b>P.O. BOX 2714</b>       |                                 |
| CITY-ST-ZIP    | <b>CLEARWATER FL 33757</b> |                                 |
| TITLE          | <b>D</b>                   | <input type="checkbox"/> Delete |
| NAME           | <b>FRASER, DEBORAH</b>     |                                 |
| STREET ADDRESS | <b>P.O. BOX 956</b>        |                                 |
| CITY-ST-ZIP    | <b>CLEARWATER FL 33757</b> |                                 |
| TITLE          |                            | <input type="checkbox"/> Delete |
| NAME           |                            |                                 |
| STREET ADDRESS |                            |                                 |
| CITY-ST-ZIP    |                            |                                 |
| TITLE          |                            | <input type="checkbox"/> Delete |
| NAME           |                            |                                 |
| STREET ADDRESS |                            |                                 |
| CITY-ST-ZIP    |                            |                                 |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

|                |  |   |
|----------------|--|---|
| 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    |  |   |
| 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: **Jeanette Rose Cohee, SECRETARY**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**6 FEB 2001 727-445-4309**  
 Date Daytime Phone #

CR2E037 (10/00)

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 11, 2002 8:00 am**  
**Secretary of State**

02-11-2002 90131 015 \*\*\*\*\*70.00

0080372

**DOCUMENT # F96000001900**

1. Entity Name

**FOUNDATION INTERNATIONAL MEMBERSHIP SERVICES ADMINISTRATION, INC.**

Principal Place of Business

Mailing Address

**VAN ENGELENWEG 21A  
 P.O. BOX 3335  
 CURACAO NETHERLANDS ANTILLES**

**PO BOX 899  
 CLEARWATER FL 33757**

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 **98-0136014**

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

**JOHNSON, PAUL B  
 112 SOUTH MAGNOLIA AVE  
 TAMPA FL 33606**

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  Delete  
 NAME **DC PIRAK, KENNETH**  
 STREET ADDRESS **P.O. BOX 1373**  
 CITY-ST-ZIP **CLEARWATER FL 33757**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **DC RONNQUIST, EWA**  
 STREET ADDRESS **P.O. BOX 1931**  
 CITY-ST-ZIP **CLEARWATER FL 33757**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **D COHEE, LISE L**  
 STREET ADDRESS **P.O. BOX 2714**  
 CITY-ST-ZIP **CLEARWATER FL 33757**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **D FRASER, DEBORAH**  
 STREET ADDRESS **P.O. BOX 956**  
 CITY-ST-ZIP **CLEARWATER FL 33757**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  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: **LISE COHEE** **SECRETARY**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

**727-445-4356**  
 Daytime Phone #

CR2E037 (9/01)

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 17, 2003 8:00 am**  
**Secretary of State**

02-17-2003 90212 023 \*\*\*\*70.00

**DOCUMENT # F96000001900**



1. Entity Name  
**FOUNDATION INTERNATIONAL MEMBERSHIP SERVICES ADM  
INISTRATIONS, INC.**

Principal Place of Business Mailing Address  
**VAN ENGELENWEG 21A PO BOX 899  
P.O. BOX 3335 CLEARWATER FL 33757  
CURACAO NETHERLANDS ANTILLES**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business Suite, Apt. #, etc.  
City & State  
Zip Country

3. Mailing Address Suite, Apt. #, etc.  
City & State  
Zip Country

4. FEI Number **98-0136014** Applied For  
Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent  
**JOHNSON, PAUL B  
112 SOUTH MAGNOLIA AVE  
TAMPA FL 33606**

7. Name and Address of New Registered Agent  
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (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  
Florida Department of State**

10. OFFICERS AND DIRECTORS

|                |                     |  |
|----------------|---------------------|--|
| TITLE          | DC                  | <input checked="" type="checkbox"/> Delete |
| NAME           | PIRAK, KENNETH      |  |
| STREET ADDRESS | P.O. BOX 1373       |  |
| CITY-ST-ZIP    | CLEARWATER FL 33757 |  |
| TITLE          | DC                  | <input type="checkbox"/> Delete            |
| NAME           | RONNQUIST, EWA      |  |
| STREET ADDRESS | P.O. BOX 1931       |  |
| CITY-ST-ZIP    | CLEARWATER FL 33757 |  |
| TITLE          | D                   | <input type="checkbox"/> Delete            |
| NAME           | COHEE, LISE L       |  |
| STREET ADDRESS | P.O. BOX 2714       |  |
| CITY-ST-ZIP    | CLEARWATER FL 33757 |  |
| TITLE          | D                   | <input type="checkbox"/> Delete            |
| NAME           | FRASER, DEBORAH     |  |
| STREET ADDRESS | P.O. BOX 956        |  |
| CITY-ST-ZIP    | CLEARWATER FL 33757 |  |
| TITLE          |                     | <input type="checkbox"/> Delete            |
| NAME           |                     |  |
| STREET ADDRESS |                     |  |
| CITY-ST-ZIP    |                     |  |
| TITLE          |                     | <input type="checkbox"/> Delete            |
| NAME           |                     |  |
| STREET ADDRESS |                     |  |
| CITY-ST-ZIP    |                     |  |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

|                |                         |  |
|----------------|-------------------------|--|
| TITLE          | VICE-CHAIRMAN           | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | GEORGE PRAAG            |  |
| STREET ADDRESS | P.O. BOX 3335           |  |
| CITY-ST-ZIP    | CURACAO, NETH. ANTILLES |  |
| 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 REQUIRE USE COHEE 5 FEB 2003 727-445-4356  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #


CR2E037 (10/02)

**2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 03, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # F96000001900**

1. Entity Name  
**FOUNDATION INTERNATIONAL MEMBERSHIP  
SERVICES ADMINISTRATIONS, INC.**



|  |   |
|--|---|
| Principal Place of Business<br><b>VAN ENGELENWEG 21A<br/>P.O. BOX 3335<br/>CURACAO NETHERLANDS ANTILLES,</b> | Mailing Address<br><b>PO BOX 899<br/>CLEARWATER, FL 33757</b> |
|--|---|

**DO NOT WRITE IN THIS SPACE**



01092004 No Chg-NP CR2E037 (10/03)

|  |                                       |
|--|---------------------------------------|
| 4. FEI Number<br><b>98-0136014</b>                                   | Applied For<br>Not Applicable         |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | <b>\$8.75</b> Additional Fee Required |

**6. Name and Address of Current Registered Agent**

**JOHNSON, PAUL B  
112 SOUTH MAGNOLIA AVE  
TAMPA, FL 33606**

**DO NOT WRITE  
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

|   |   |
|---|---|
| <b>Filing Fee is \$61.25<br/>Due by May 1, 2004</b> | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees |
|---|---|

**10. OFFICERS AND DIRECTORS**

|  |   |
|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | DC<br>RONNQUIST, EWA<br>P.O. BOX 1931<br>CLEARWATER, FL 33757 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>COHEE, LISE L<br>P.O. BOX 2714<br>CLEARWATER, FL 33757   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>FRASER, DEBORAH<br>P.O. BOX 956<br>CLEARWATER, FL 33757  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | V<br>PRAAG, GEORGE<br>PO BOX 3335<br>CURACAO NETH ANTILLES,   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |

U00000030030  
02/04/04-80091-015 70.00

**DO NOT WRITE  
IN THIS SPACE**

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:** *Lise Cohee* **LISE COHEE** **13 Jan 04** **727-445-4356**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED  
Jan 31, 2005  
Secretary of State

DOCUMENT# F96000001900

Entity Name: FOUNDATION INTERNATIONAL MEMBERSHIP SERVICES ADMINISTRATIONS, INC.

**Current Principal Place of Business:**

VAN ENGELENWEG 21A  
P.O. BOX 3335  
CURACAO NETHERLANDS ANTILLES,

**New Principal Place of Business:**

210 SOUTH FORT HARRISON  
CLEARWATER, FL 33756

**Current Mailing Address:**

PO BOX 899  
CLEARWATER, FL 33757

**New Mailing Address:**

FEI Number: 98-0136014      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

JOHNSON, PAUL B  
112 SOUTH MAGNOLIA AVE  
TAMPA, FL 33606 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: DC ( ) Delete  
Name: RONNQUIST, EWA  
Address: P.O. BOX 1931  
City-St-Zip: CLEARWATER, FL 33757

Title: D ( ) Delete  
Name: COHEE, LISE L  
Address: P.O. BOX 2714  
City-St-Zip: CLEARWATER, FL 33757

Title: D ( ) Delete  
Name: FRASER, DEBORAH  
Address: P.O. BOX 956  
City-St-Zip: CLEARWATER, FL 33757

Title: V ( ) Delete  
Name: PRAAG, GEORGE  
Address: PO BOX 3335  
City-St-Zip: CURACAO NETH ANTILLES,

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: DC (X) Change ( ) Addition  
Name: MACDONALD, KARLEEN  
Address: P.O. BOX 2251  
City-St-Zip: CLEARWATER, FL 33757

Title: S (X) Change ( ) Addition  
Name: COHEE, LISE L  
Address: P.O. BOX 2714  
City-St-Zip: CLEARWATER, FL 33757

Title: T (X) Change ( ) Addition  
Name: FRASER, DEBORAH  
Address: P.O. BOX 956  
City-St-Zip: CLEARWATER, FL 33757

Title: V (X) Change ( ) Addition  
Name: PRAAG, GEORGE  
Address: PO BOX 3335  
City-St-Zip: CURACAO NETH ANTILLES, NE 34616

I hereby certify that the information supplied with this filing does not qualify for the 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 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: LISE COHEE

S

01/31/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date



# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED  
Jan 10, 2006  
Secretary of State

DOCUMENT# F96000001900

Entity Name: FOUNDATION INTERNATIONAL MEMBERSHIP SERVICES ADMINISTRATIONS, INC.

**Current Principal Place of Business:**

210 SOUTH FORT HARRISON  
CLEARWATER, FL 33756

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 899  
CLEARWATER, FL 33757

**New Mailing Address:**

FEI Number: 98-0136014

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

JOHNSON, PAUL B  
112 SOUTH MAGNOLIA AVE  
TAMPA, FL 33606 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: DC ( ) Delete  
Name: MACDONALD, KARLEEN  
Address: P.O. BOX 2251  
City-St-Zip: CLEARWATER, FL 33757

Title: S ( ) Delete  
Name: COHEE, LISE L  
Address: P.O. BOX 2714  
City-St-Zip: CLEARWATER, FL 33757

Title: T ( ) Delete  
Name: FRASER, DEBORAH  
Address: P.O. BOX 956  
City-St-Zip: CLEARWATER, FL 33757

Title: V ( ) Delete  
Name: PRAAG, GEORGE  
Address: PO BOX 3335  
City-St-Zip: CURACAO NETH ANTILLES, NE 34616

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**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: D ( ) Change (X) Addition  
Name: MACMAHON, TERENCE  
Address: PO BOX 1230  
City-St-Zip: CLEARWATER, FL 33757

I hereby certify that the information supplied with this filing does not qualify for the 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: LISE COHEE

S

01/10/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED  
Jan 29, 2007  
Secretary of State

DOCUMENT# F96000001900

Entity Name: FOUNDATION INTERNATIONAL MEMBERSHIP SERVICES ADMINISTRATIONS, INC.

**Current Principal Place of Business:**

210 SOUTH FORT HARRISON  
CLEARWATER, FL 33756

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 899  
CLEARWATER, FL 33757

**New Mailing Address:**

FEI Number: 98-0136014

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

JOHNSON, PAUL B  
112 SOUTH MAGNOLIA AVE  
TAMPA, FL 33606 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: DC (X) Delete  
Name: MACDONALD, KARLEEN  
Address: P.O. BOX 2251  
City-St-Zip: CLEARWATER, FL 33757

Title: S (X) Delete  
Name: COHEE, LISE L  
Address: P.O. BOX 2714  
City-St-Zip: CLEARWATER, FL 33757

Title: T ( ) Delete  
Name: FRASER, DEBORAH  
Address: P.O. BOX 956  
City-St-Zip: CLEARWATER, FL 33757

Title: V ( ) Delete  
Name: PRAAG, GEORGE  
Address: PO BOX 3335  
City-St-Zip: CURACAO NETH ANTILLES, NE 34616

Title: D ( ) Delete  
Name: MACMAHON, TERENCE  
Address: PO BOX 1230  
City-St-Zip: CLEARWATER, FL 33757

**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:

I hereby certify that the information supplied with this filing does not qualify for the 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: DEBORAH FRASER

T

01/29/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date

F96000001900

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

(Business Entity Name)

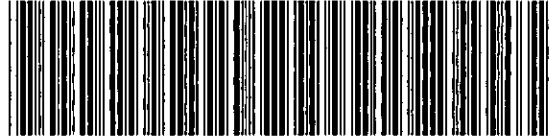
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only

*Gave OK to correct current name.*



400108578174

08/28/07--01004--020 \*\*52.50

FILED  
07 AUG 28 PM 4:24  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*Amend +  
NIC  
JG*

ZUCKERT SCOUTT & RASENBERGER, L.L.P.

ATTORNEYS AT LAW

888 Seventeenth Street, NW, Washington, DC 20006-3509

Telephone [202] 298-8660 Fax [202] 342-0683

www.zsrlaw.com

JAMES A. HARRIS

DIRECT DIAL (202) 973-7911

jaharris@zsrlaw.com

August 23, 2007

**BY MAIL**

Amendments Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

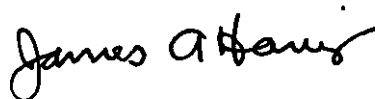
**Re: Foundation International Membership Services Administrations,  
File No. F96000001900, renamed IAS Administrations, Inc.**

Dear Sir or Madam:

Please find enclosed the Amendment to Application for Conducting Affairs in Florida for the above-named non-profit corporation reflecting changes of (1) its name (from Foundation International Membership Services Administrations to IAS Administrations, Inc.) and (2) its jurisdiction of incorporation (from the Netherlands Antilles to Delaware, USA). Also enclosed are certified copies of the Delaware Certificate of Domestication and Delaware Certificate of Incorporation that accomplished the change of name and domicile. Finally, enclosed is a check in the amount of \$52.50 in payment of the filing fee and fee for a certificate of filing and certificate of status.

Please contact me directly if you have any questions or concerns about these documents.

Sincerely,



James A. Harris

Enclosures

cc: IAS Administrations  
Paul B. Johnson, Registered Agent

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Foundation Membership Services Administrations, Inc.  
(Name of Corporation)

**DOCUMENT NUMBER:** F96000001900

The enclosed Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

**James A. Harris**

(Name of Contact Person)

**Zuckert, Scoutt & Rasenberger, LLP**

(Firm/Company)

**888 Seventeenth Street, N.W.**

(Address)

**Washington, D.C. 20006**

(City/State and Zip Code)

For further information concerning this matter, please call:

**James A. Harris**

(Name of Contact Person)

at ( **202** ) **973-7911**

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

\$35.00 Filing Fee

\$43.75 Filing Fee &  
Certificate of Status

\$43.75 Filing Fee &  
Certified Copy  
(Additional copy is  
enclosed)

\$52.50 Filing Fee,  
Certificate of Status &  
Certified Copy  
(Additional copy is  
enclosed)

**Mailing Address:**

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**NOT FOR PROFIT CORPORATION  
APPLICATION BY FOREIGN NOT FOR PROFIT CORPORATION TO FILE  
AMENDMENT TO APPLICATION FOR CONDUCTING AFFAIRS IN FLORIDA**  
(Pursuant to s. 617.1504, F.S.)

**SECTION I  
(1-3 MUST BE COMPLETED)**

International

F96000001900

(Document Number of Corporation (If known))

07 AUG 28 PM 4:24  
FILED  
SECRETARIAT OF STATE  
TALLAHASSEE, FLORIDA

1. Foundation Membership Services Administrations, Inc.

(Name of corporation as it appears on the records of the Department of State)

2. Netherlands Antilles

(Incorporated under laws of)

3. 16 April 1996

(Date authorized to conduct affairs in Florida)

**SECTION II**

**(4-8 COMPLETE ONLY THE APPLICABLE CHANGES)**

4. If the amendment changes the name of the corporation, when was the change effected under the laws of its jurisdiction of incorporation? 7 August 2007

5. IAS Administrations, Inc.

(Name of corporation after the amendment, adding suffix "corporation," or "incorporated," or appropriate abbreviation, if not contained in new name of the corporation. "Company," or "Co.," may not be used as a corporate suffix by a nonprofit corporation)

6. If the amendment changes the period of duration, indicate new period of duration and the date the change was effected.

\_\_\_\_\_  
(New duration)

\_\_\_\_\_  
(Date)

7. If the amendment changes the jurisdiction of incorporation, indicate new jurisdiction and the date the change was effected.

Delaware, USA

(New jurisdiction)

7 August 2007

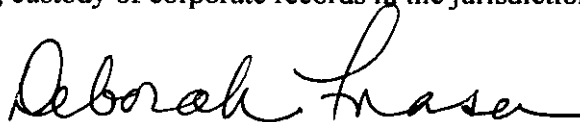
(Date)

8. If the purpose which the corporation intends to pursue in Florida has changed, indicate new purpose.

N/A

\_\_\_\_\_  
(The corporation is authorized to pursue such purpose in the jurisdiction of its incorporation)

9. Attached is a certificate or document of similar import, evidencing the amendment, authenticated not more than 90 days prior to delivery of the application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the laws of which it is incorporated.



(Signature of the chairman or vice chairman of the board, president, or other officer - if in the hands of a receiver, trustee, or other court-appointed fiduciary, by that fiduciary)

Deborah Fraser

(Typed or printed name of the person signing)

Chairman

(Title of person signing)

# Delaware

PAGE 1

*The First State*

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "IAS ADMINISTRATIONS, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE SEVENTH DAY OF AUGUST, A.D. 2007.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE NOT BEEN ASSESSED TO DATE.

4403218 8300

070899559



*Harriet Smith Windsor*

Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 5908860

DATE: 08-07-07

# Delaware

PAGE 1

*The First State*

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THE ATTACHED ARE TRUE AND CORRECT COPIES OF ALL DOCUMENTS ON FILE OF "IAS ADMINISTRATIONS, INC." AS RECEIVED AND FILED IN THIS OFFICE.

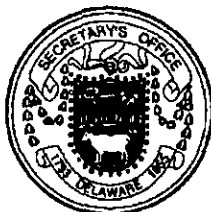
THE FOLLOWING DOCUMENTS HAVE BEEN CERTIFIED:

CERTIFICATE OF DOMESTICATION, FILED THE SEVENTH DAY OF AUGUST, A.D. 2007, AT 12:58 O'CLOCK P.M.

CERTIFICATE OF INCORPORATION, FILED THE SEVENTH DAY OF AUGUST, A.D. 2007, AT 12:58 O'CLOCK P.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID CERTIFICATES ARE THE ONLY CERTIFICATES ON RECORD OF THE AFORESAID CORPORATION, "IAS ADMINISTRATIONS, INC.".

4403218 8100H  
070899559



*Harriet Smith Windsor*

Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 5908857

DATE: 08-07-07



State of Delaware  
Secretary of State  
Division of Corporations  
Delivered 01:08 PM 08/07/2007  
FILED 12:58 PM 08/07/2007  
SRV 070897278 - 4403218 FILE

STATE OF DELAWARE  
CERTIFICATION OF DOMESTICATION  
FROM A NON-UNITED STATES ENTITY  
TO A DELAWARE CORPORATION  
PURSUANT TO SECTION 388 OF THE  
DELAWARE GENERAL CORPORATION LAW

1. The Non-United States Entity was first formed in the Netherlands Antilles as a foundation on August 18, 1993.
2. The name of the Non-United States Corporation immediately prior to filing this certificate is "Foundation International Membership Services Administrations."
3. The name of the Corporation as set forth in its certificate of incorporation filed in accordance with section 388(b) of the Delaware General Corporation Law is "IAS Administrations, Inc."
4. The jurisdiction that constituted the seat, siege social, or principal place of business or central administration of the non-United States Entity or any other equivalent thereto under applicable law, immediately prior to the filing of the certificate of corporate domestication, was the Netherlands Antilles.
5. The domestication of the non-United States Entity has been approved in the manner provided for by its Articles of Incorporation and Bylaws as well as by applicable Netherlands Antilles law.

IN WITNESS WHEREOF, the undersigned, being duly authorized to sign on behalf of the domesticating Non-United States Corporation, has executed this certificate on the 6th day of August, A.D. 2007.

By: Deborah Fraser

Name: Deborah Fraser  
Print or type

Title: Chairman  
Print or type

State of Delaware  
Secretary of State  
Division of Corporations  
Delivered 01:08 PM 08/07/2007  
FILED 12:58 PM 08/07/2007  
SRV 070897278 - 4403218 FILE

**CERTIFICATE OF INCORPORATION**

**OF**

**IAS ADMINISTRATIONS, INC.**

**FIRST.** The name of the corporation (hereinafter called the "Corporation") is IAS Administrations, Inc.

**SECOND.** The registered office of the Corporation in the State of Delaware shall be located at 1209 Orange Street, in the City of Wilmington, County of New Castle, U.S. Zip Code 19801. The Registered Agent in charge thereof is The Corporation Trust Company.

**THIRD.** The purpose of the Corporation is to engage in any lawful act or activity for which corporations may be organized under the General Corporation Law of Delaware including, but not limited to, soliciting and receiving funds and applying the principal and income thereof exclusively for charitable, educational, religious, and/or scientific purposes described in Section 501(c)(3) of the United States Internal Revenue Code of 1986, or corresponding provision of any future United States Internal Revenue Law (the "Code"), provided, always, that the Corporation shall never have or exercise any objects or purposes except such as in law be deemed charitable, educational, religious and/or scientific within the meaning of Section 501(c)(3) of the Code. This Corporation shall be a nonprofit Corporation, and the Corporation shall never be operated for the primary purpose of carrying on a trade or business for profit.

**FOURTH.** The Corporation is not authorized to issue capital stock and shall have no members.

**FIFTH.** The name and address of the incorporator is as follows:

Deborah Fraser  
1311 N. New Hampshire Ave.  
Los Angeles, CA 90028

**SIXTH.** The names and addresses of the initial directors are as follows:

|   |  |
|---|--|
| Deborah Fraser<br>1311 N. New Hampshire Ave.<br>Los Angeles, CA 90028   | Terrence MacMahon<br>1311 N. New Hampshire Ave.<br>Los Angeles, CA 90028 |
| George Praag<br>P.O. Box 3335<br>Curacao, Netherlands Antilles NE 34626 | Carole Warren<br>1311 N. New Hampshire Ave.<br>Los Angeles, CA 90028     |

- SEVENTH.** No director of the Corporation shall be liable to the Corporation or its stockholders for monetary damages for breach of fiduciary duty as a director, except for liability (i) for any breach of the director's duty of loyalty to the Corporation or its stockholders, (ii) for acts or omissions not in good faith or which involve intentional misconduct or a knowing violation of the law, (iii) under Section 174 of the General Corporation Law, or (iv) for any transaction from which the director derived an improper personal benefit.
- EIGHTH.** The affairs of the Corporation are to be managed by the Board of Directors. The number of directors, their qualifications and the manner in which they shall be appointed or elected shall be provided in the Bylaws.
- NINTH.** Except as provided herein, the regulation of the internal affairs of the Corporation shall be provided in the Bylaws. The books of the Corporation may be kept (subject to any provision contained in the Delaware General Corporation Law) outside the State of Delaware at such place or places as may be designated from time to time by the Board of Directors or the Bylaws.
- TENTH.** No part of the net earnings of the Corporation shall inure to the benefit of, or be distributable to, its directors, officers, or other private persons, except that the Corporation shall be authorized and empowered to pay reasonable compensation for services rendered and to make payments and distributions in furtherance of Section 501(c)(3) of the Code purposes. No substantial part of the activities of the Corporation shall be the carrying on of propaganda, or otherwise attempting to influence legislation, and the Corporation shall not participate in, or intervene in (including the publishing and distribution of statements), any political campaign on behalf of, or in opposition to, any candidate for public office.
- ELEVENTH.** Notwithstanding any other provision of these Articles, the Corporation shall not carry on any other activities not permitted to be carried on (a) by a corporation exempt from Federal income tax under Section 501(c)(3) of the Code or (b) by a corporation, contributions to which are deductible under Section 170(e)(2) of the Code.
- TWELFTH.** Upon the dissolution of the Corporation or the winding up of its affairs, and after payment or adequate provision is made for its debts and obligations, the remaining assets of the Corporation shall be distributed to one or more organizations described in Section 170(b)(1)(A) (other than in clause (vii) and (viii) thereof) and Section 501(c)(3) of the Code as selected by the Board of Directors.

Dated: August 6, 2007

  
Deborah Fraser