

**AMENDMENT EIGHT TO THE TRUST AGREEMENT  
BETWEEN THE FLORIDA ENDOWMENT FOUNDATION FOR  
VOCATIONAL REHABILITATION (the "BOARD") AND  
THE STATE BOARD OF ADMINISTRATION OF FLORIDA ("SBA")**

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**SBA CONTRACT NO. 91-24**

Pursuant to paragraph 9 of the Trust Agreement, the parties hereby agree to the following amendment:

1. Paragraph 6 is added to the Trust Agreement:

"6. The persons listed as "authorized representatives" of the Board on the Participant Account Maintenance Form attached as Enclosure 1 and designated representatives of the SBA on Enclosure 2 are responsible for the day-to-day management and coordination of transactions. The authorized representatives set forth on Enclosure 1 may be changed by submitting a revised Participant Account Maintenance Form signed by both the Board and the SBA, without a formal amendment to this Trust Agreement being necessary. Further, Enclosure 2 may be amended by submitting a revised Enclosure 2 signed by both the Board and the SBA without a formal amendment to this Trust Agreement being necessary."

2. Paragraphs 6 through 10 are renumbered as paragraphs 7 through 11.

3. All other provisions of the Trust Agreement remain in full force and effect.

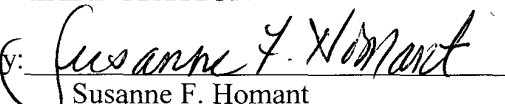
4. This Amendment Eight shall take effect on the date of execution by the State Board of Administration of Florida.

**STATE BOARD OF ADMINISTRATION  
OF FLORIDA**

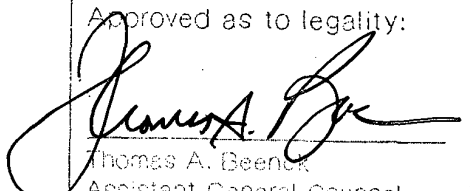
By:   
Robert F. Milligan  
Interim Executive Director

Date: 3 Oct 08

**THE FLORIDA ENDOWMENT  
FOUNDATION FOR VOCATIONAL  
REHABILITATION**

By:   
Susanne F. Homant  
President and CEO

Date: 10/6/08

Approved as to legality:  
  
Thomas A. Beenck  
Assistant General Counsel

**ENCLOSURE 1**

PARTICIPANT ACCOUNT MAINTENANCE FORM

(one form must be filled out for each agency account)

(please check one)

1) Participant Account #: \_\_\_\_\_  New Account  Change Existing Acct (please check one)

2) Complete Account Title and Address:

THE ABLE TRUST  
THE FLORIDA ENDOWMENT FOUNDATION  
FOR VOCATIONAL REHABILITATION  
#300 THOMASVILLE RD, SUITE 200  
TALLAHASSEE, FL 32308

Phone Number: (850) 224-4493

Fax Number: (850) 224-4494

E-Mail Address: SUSANNE@ABLETRUST.ORG

PLEASE CONTACT YOUR BANK AND REQUEST THE FOLLOWING INFORMATION

3) Name and City Of Your Bank To Which Funds Should Be Wired :

FARMERS & MERCHANTS BANK  
TALLAHASSEE, FL 32308

ABA # 06310111

ACCOUNT # 0936536716

4) \*\*\* IMPORTANT!! Complete this section ONLY if your bank is not on-line with the Federal Reserve and utilizes a correspondent bank for wires\*\*\*

Name and Address of Routing Bank:

ABA # \_\_\_\_\_

5) Name/Title of Persons Authorized to Sign a Contribution or Redemption Notice:

NAME	TITLE	SIGNATURE
SUSANNE F. HOMANT	PRESIDENT	<i>Susanne F. Homant</i>

6) Name, Title, and Signature of Persons Authorized to Change Account Information:

NAME	TITLE	SIGNATURE
SUSANNE F. HOMANT	PRESIDENT	<i>Susanne F. Homant</i>

7) This Participant Requires:  1 OR  2 Signatures for Changed in Account Information (PLEASE CHECK ONE)

9) This form MUST be signed by an individual who was listed on the previously submitted account maintenance form as authorized to notify the SBA of changes, or by the participant official authorized in the Trust Agreement.

For ANY changes to be made to your account information, This form must be completed and submitted to the SBA.

10) STATE OF FLORIDA  
COUNTY OF LEON

The foregoing instrument was acknowledged before me this 23<sup>rd</sup> day of September, 2008, by Susanne F. Homant who is personally known to me or who has produced \_\_\_\_\_ as identification

and who did/did not take an oath.

*Susanne F. Homant*  
AUTHORIZED SIGNATURE #1  
PRESIDENT & CEO  
TITLE

AUTHORIZED SIGNATURE #2 (IF REQUIRED)

TITLE

DATE



*Jessica L. Tryon*  
Notary Public, State of Florida

My Commission expires: May 18, 2012

PLEASE NOTARIZE FORM AND RETURN ORIGINAL TO BE PROCESSED

FOR STATE BOARD OF ADMINISTRATION USE ONLY

FO Approval \_\_\_\_\_ Date \_\_\_\_\_  
DIR or SOO Approval \_\_\_\_\_ Date \_\_\_\_\_  
Audit Approval \_\_\_\_\_ Date \_\_\_\_\_

PARTICIPANT ACCOUNT # \_\_\_\_\_

**ENCLOSURE 2 TO THE TRUST AGREEMENT**  
**BETWEEN THE STATE BOARD OF ADMINISTRATION**  
**OF FLORIDA AND THE FLORIDA ENDOWMENT**  
**FOUNDATION FOR VOCATIONAL REHABILITATION**

The designated representatives for the SBA are as follows:

Lori Guido  
Nina Willis  
Kelly Skelton  
Robert Copeland  
Gwenn Thomas  
Kevin SigRist  
Ben Latham (Client Services Liaison)

The Board's authorized representatives are identified on the most recent Participant Account Maintenance Form.