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NONPROFIT CORPORATION ANNUAL REPORT
1999

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

DOCUMENT # 736209

1. Corporation Name
A.L. MAILMAN FAMILY FOUNDATION, INC.

Principal Place of Business	Mailing Address
707 WESTCHESTER AVE WHITE PLAINS NY 10604	707 WESTCHESTER AVE WHITE PLAINS NY 10604

2. Principal Place of Business (21)
Suite, Apt. #, etc. (22)
City & State (23)
Zip (24) Country (25)

2a. Mailing Address (26)
Suite, Apt. #, etc. (27)
City & State (28)
Zip (29) Country (30)

3. Date Incorporated or Qualifed: 06/25/1976

4. FEI Number: 59-0203866 ☐ Applied For ☐ Not Applicable

5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

UNITED CORPORATE SERVICES, INC.
801 NE 167TH ST
SUITE 300
NORTH MIAMI BCH FL 33162

10. Name and Address of New Registered Agent

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	T	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	TOOKMANIAN, DONNA		1.2 NAME		
STREET ADDRESS	707 WESTCHESTER AVE		1.3 STREET ADDRESS		
CITY-ST-ZIP	WHITE PLAINS NY		1.4 CITY-ST-ZIP		
TITLE	CD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	SEGAL, DR MARILYN M		2.2 NAME		
STREET ADDRESS	919 SOUTHLAKE DRIVE		2.3 STREET ADDRESS		
CITY-ST-ZIP	HOLLYWOOD FL		2.4 CITY-ST-ZIP		
TITLE	PD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	SEGAL, RICHARD D		3.2 NAME		
STREET ADDRESS	707 WESTCHESTER AVE		3.3 STREET ADDRESS		
CITY-ST-ZIP	WHITE PLAINS NY		3.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	BARDIGE, BETTY		4.2 NAME		
STREET ADDRESS	707 WESTCHESTER AVE		4.3 STREET ADDRESS		
CITY-ST-ZIP	WHITE PLAINS NY		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	MASI, WENDY		5.2 NAME		
STREET ADDRESS	707 WESTCHESTER AVE		5.3 STREET ADDRESS		
CITY-ST-ZIP	WHITE PLAINS NY		5.4 CITY-ST-ZIP		
TITLE	S	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	LYNCH, LUBA H		6.2 NAME		
STREET ADDRESS	707 WESTCHESTER AVE		6.3 STREET ADDRESS		
CITY-ST-ZIP	WHITE PLAINS NY		6.4 CITY-ST-ZIP		

CR2E037 (11/98)

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, with all other like empowered.

SIGNATURE: Luba Lynch 1/7/99 (914)681-4448
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

SIGNATURE REQUIRED