2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2004 8:00 am
Secretary of State
01-20-2004 90049 050 ****61.25

DOCUMENT # 736209

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

44002701

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

01082004 Chg-NP CR2E037 (10/03)

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 59-0203866 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

UNITED CORPORATE SERVICES, INC.
9200 SOUTH DADELAND BLVD.
SUITE 508
MIAMI, FL 33156-0000

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

Filing Fee is $61.25
Due by May 1, 2004

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T TOOKMANIAN, DONNA 707 WESTCHESTER AVE WHITE PLAINS, NY	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CD Lieberman, Patricia S. 707 Westchester Ave White Plains, NY ☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SEGAL, DR MARILYN M 707 WESTCHESTER AVE WEST HARRISON, NY 10604	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Kagner, Joey 707 Westchester Ave White Plains, NY ☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD SEGAL, RICHARD D 707 WESTCHESTER AVE WHITE PLAINS, NY	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Gordon, Jonathan 707 Westchester Ave White Plains, NY ☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CD BARDIGE, BETTY 707 WESTCHESTER AVE WHITE PLAINS, NY	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Bardige, Betty 707 Westchester Ave White Plains, NY ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MASI, WENDY 707 WESTCHESTER AVE WHITE PLAINS, NY	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S LYNCH, LUBA H 707 WESTCHESTER AVE WHITE PLAINS, NY	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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: Luba H Lynch Luba H. Lynch 1/8/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #