2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

FILED Jan 18, 2005 08:00 AM Secretary of State

DOCU	M	ENI	T#	833	174
------	---	-----	----	-----	-----

1. Entity Name

JUVENILE DIABETES RESEARCH FOUNDATION INTERNATIONAL (INCORPORATED)

Principal Place of Business

120 WALL STREET

19 FLOOR

NEW YORK, NY 10005 US

Mailing Address

120 WALL STREET 19 FLOOR

NEW YORK, NY 10005

US



01072005 No Chg-NP

CR2E037 (10/03)

4. FEI Number 23-1907729 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525

DO NOT WRITE IN THIS SPACE

				114	IIIIG GFACE			
	named entity submits this statement for the plans of registered agent.	ourpose of changing its registered	office or	egistered agent, or bo	oth, in the State of Florida. 1 am familiar with, and accept			
SIGNATURE_	Signature, typed or printed name of regletered agent and title	if applicable (NOTE Registered	gent signatur	e required when reinstating)	DATE			
	Filing Fee is \$61.25 Due by May 1, 2005	Election Campaign Financ Trust Fund Contribution.	ing	\$5.00 May Be Added to Fees				
10.	10. OFFICERS AND DIRECTORS							
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD JOHNSON, ROBERT W 630 FIFTH AVE. STE 1510 NEW YORK, NY 10111				1/00000183777 1/1/20/05-80004-002 61.25			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD BARKER, GORDON 150 NW 86TH AVE. PORTLAND, OR 97229							
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEO VAN ETTON, PETER 120 WALL ST NEW YORK, NY 10005		-	DO	NOT WRITE			
NAME STREET ADDRESS CITY-ST-ZIP	CFOA SEBOLD, EDWARD 2694 BIRCH AVE EAST MEADOW, NY 11554			IN	THIS SPACE			
TITLE NAME STREET ADDRESS CITY - ST - ZIP								
TITLE NAME STREET ADDRESS GITY-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: X

SIGNATURE AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Davime Phone &