

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F08000004672

FILED
Apr 13, 2009
Secretary of State

Entity Name: THE RESEARCH BOARD, INC.

Current Principal Place of Business:

5 WEST 54TH ST.
NEW YORK, NY 10019

New Principal Place of Business:

5 WEST 54TH ST.
NEW YORK, NY 10019 US

Current Mailing Address:

5 WEST 54TH ST.
NEW YORK, NY 10019

New Mailing Address:

5 WEST 54TH ST.
NEW YORK, NY 10019 US

FEI Number: 06-1516109

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PC () Delete
Name: LAFOND, CHRISTOPHER
Address: 56 TOP GALLANT RD.
City-St-Zip: STAMFORD, CT 06904

Title: DS () Delete
Name: SCHWARTZ, LEWIS G
Address: 5 WEST 54TH ST.
City-St-Zip: NEW YORK, NY 10019

Title: T () Delete
Name: CALLAHAN, BRIAN
Address: 56 TOP GALLANT RD.
City-St-Zip: STAMFORD, CT 06904

Title: AS () Delete
Name: KRETZMAN, CLARE A
Address: 56 TOP GALLANT RD.
City-St-Zip: STAMFORD, CT 06904

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: CHRISTOPHER
Address: 56 TOP GALLANT RD.
City-St-Zip: STAMFORD, CT 06902 US

Title: D (X) Change () Addition
Name: LEWIS
Address: 5 WEST 54TH ST
City-St-Zip: NEW YORK, NY 10019 US

Title: T (X) Change () Addition
Name: BRIAN
Address: 56 TOP GALLANT RD.
City-St-Zip: STAMFORD, CT 06902 US

Title: A (X) Change () Addition
Name: CLARE
Address: 56 TOP GALLANT RD.
City-St-Zip: STAMFORD, CT 06902 US

I hereby certify that the information supplied with this filing does not qualify 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LEWIS G SCHWARTZ

D

04/13/2009

Electronic Signature of Signing Officer or Director

Date