


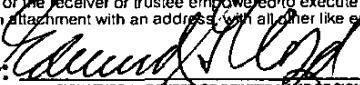
2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2005 8:00 am
Secretary of State

04-28-2005 90157 004 ****75.00

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DOCUMENT # F94000001861					
1. Entity Name UNITED STATES FUND FOR UNICEF CORPORATION					
Principal Place of Business 333 E. 38TH ST NEW YORK, NY 10016		Mailing Address 333 E. 38TH ST NEW YORK, NY 10016			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 13-1760110	
Zip		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
CORPORATION SERVICE COMPANY 1201 HAYS ST. TALLAHASSEE, FL 32301			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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input checked="" type="checkbox"/> \$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	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FLEMING, HAROLD S		NAME	DELORES RICE GAHAN	
STREET ADDRESS	9122 MARIA AVENUE		STREET ADDRESS	75 BIRCH LANE	
CITY-ST-ZIP	GREAT FALLS, VA 22066		CITY-ST-ZIP	MANHASSER, NY 10030	
TITLE	D	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LANDSMANN, LEANNA		NAME	ALBERT J. KANEB	
STREET ADDRESS	1271 SIXTH AVE, 25TH FLOOR		STREET ADDRESS	2 NEWTON EXECUTIVE PARK	
CITY-ST-ZIP	NEW YORK, NY 10020		CITY-ST-ZIP	NEWTON, MA, 02462-1434	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAREY, JAMES H.		NAME		
STREET ADDRESS	44 SLEEPY HOLLOW RD		STREET ADDRESS		
CITY-ST-ZIP	BRIARCLIFF MANOR, NY		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PANTALEONI, ANTHONY		NAME		
STREET ADDRESS	666 FIFTH AVE		STREET ADDRESS		
CITY-ST-ZIP	NEW YORK, NY 10103		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LUDWIG, EDWARD		NAME		
STREET ADDRESS	1 BECTON DR.		STREET ADDRESS		
CITY-ST-ZIP	FRANKLIN LAKES, NJ 074171880		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAKE, ANTHONY		NAME		
STREET ADDRESS	301 INTERCULTURE CENTER		STREET ADDRESS		
CITY-ST-ZIP	GEORGETOWN UNIV, DC 20057		CITY-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: 		EDWARD G. LLOYD		4/20/05 (212) 922-2557	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	