

FILE NOW: FILING FEE IS \$61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **F94000006517 (6)**

1. Corporation Name
THE ASCAP FOUNDATION, INC.



Principal Place of Business: **ONE LINCOLN PLAZA NEW YORK NY 10023**
Mailing Address: **ONE LINCOLN PLAZA NEW YORK NY 10023**

3. Date Incorporated or Qualified: **07/18/1994**
3a. Date of Last Report: **05/01/1995**

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip Country 29 Zip Country

24 25 29 30

4. FEI Number: **51-0181769**
Applied For: Not Applicable

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

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
**THE PRENTICE-HALL CORPORATION SYSTEM, INC.
110 N. MAGNOLIA ST
TALLAHASSEE FL 32301**

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: **N/A** (NOTE: Registered Agent signature required when re-instating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	PD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GOULD, MORTON	1.2 NAME	BERGMAN, MARILYN
STREET ADDRESS	ONE LINCOLN PLAZA	1.3 STREET ADDRESS	C/O THE ASCAP FOUNDATION
CITY-ST-ZIP	NEW YORK NY 10023	1.4 CITY-ST-ZIP	ONE LINCOLN PLAZA, NY, NY 10023
TITLE	D <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOULD, MORTON	2.2 NAME	SEE ATTACHMENT I
STREET ADDRESS	ONE LINCOLN PLAZA	2.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY	2.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROIDO, ARNOLD	3.2 NAME	
STREET ADDRESS	ONE LINCOLN PLAZA	3.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY 10023	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAMILTON, ARTHUR	4.2 NAME	
STREET ADDRESS	ONE LINCOLN PLAZA	4.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY 10023	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOLYFIELD, WAYLAND	5.2 NAME	
STREET ADDRESS	ONE LINCOLN PLAZA	5.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY 10023	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KAY, DEAN	6.2 NAME	
STREET ADDRESS	ONE LINCOLN PLAZA	6.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY 10023	6.4 CITY-ST-ZIP	

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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
JAMES R. COLLINS

4/3/96 (Date) **(212) 621-6212** (Daytime Phone #)

CR2E037 (12/95)

THE ASCAP FOUNDATION, INC.
One Lincoln Plaza
New York, NY 10023

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ATTACHMENT I to Document No. F94000006517 (6):
1996 Nonprofit Corporation Annual Report
Due Date: May 1, 1996

BOARD OF DIRECTORS AND OFFICERS

Marilyn Bergman
President
c/o The ASCAP Foundation
One Lincoln Plaza
New York, NY 10023

Arthur Hamilton
c/o The ASCAP Foundation
One Lincoln Plaza
New York, NY 10023

Irwin Z. Robinson
Vice President
c/o The ASCAP Foundation
One Lincoln Plaza
New York, NY 10023

Wayland Holyfield
c/o The ASCAP Foundation
One Lincoln Plaza
New York, NY 10023

Arnold Broido
Treasurer
c/o The ASCAP Foundation
One Lincoln Plaza
New York, NY 10023

Dean Kay
c/o The ASCAP Foundation
One Lincoln Plaza
New York, NY 10023

Gerald Marks
c/o The ASCAP Foundation
One Lincoln Plaza
New York, NY 10023

Johnny Mandel
c/o The ASCAP Foundation
One Lincoln Plaza
New York, NY 10023

ADMINISTRATION/NON-BOARD OFFICERS

James R. Collins
Comptroller
c/o The ASCAP Foundation
One Lincoln Plaza
New York, NY 10023

John A. LoFrumento
Secretary and Administrator
c/o The ASCAP Foundation
One Lincoln Plaza
New York, NY 10023

Gerry Levinson
Vice President and
Executive Director
c/o The ASCAP Foundation
One Lincoln Plaza
New York, NY 10023

Helene C. Praeger
Assistant Secretary
c/o The ASCAP Foundation
One Lincoln Plaza
New York, NY 10023