

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**


**FILED**  
**May 15, 2003 8:00 am**  
**Secretary of State**

05-15-2003 90113 019 \*\*\*\*61.25

0017382

**DOCUMENT # N00000008368**

1. Entity Name  
**THE RIPP FAMILY FOUNDATION, INC.**



Principal Place of Business  
**920 ORCHID POINT WAY  
VERO BEACH FL 32963**

Mailing Address  
**920 ORCHID POINT WAY  
VERO BEACH FL 32963**

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
**C/O Robbins & Piromelli LLC  
1776 Broadway 8th Fl  
New York, NY  
10019 USA**

4. FEI Number **31-1812345**

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



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent  
**RIPP, GERALDINE  
920 ORCHID POINT WAY  
VERO BEACH FL 32963**

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 Geraldine Ripp DATE 5/16/03  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW: FEE IS \$61.25**

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

TITLE	<b>CD</b>	<input type="checkbox"/> Delete
NAME	<b>RIPP, ROBERT</b>	
STREET ADDRESS	<b>920 ORCHID POINT WAY</b>	
CITY-ST-ZIP	<b>VERO BEACH FL 32963</b>	
TITLE	<b>PD</b>	<input type="checkbox"/> Delete
NAME	<b>RIPP, GERALDINE</b>	
STREET ADDRESS	<b>920 ORCHID POINT WAY</b>	
CITY-ST-ZIP	<b>VERO BEACH FL 32963</b>	
TITLE	<b>TD</b>	<input type="checkbox"/> Delete
NAME	<b>RIPP, ROBERT S</b>	
STREET ADDRESS	<b>16 MOUNTAINSIDE DRIVE</b>	
CITY-ST-ZIP	<b>CHATAM NJ 07928</b>	
TITLE	<b>DV</b>	<input type="checkbox"/> Delete
NAME	<b>DESMOND, KATHLEEN</b>	
STREET ADDRESS	<b>4 ROBERTS WAY</b>	
CITY-ST-ZIP	<b>BEDFORD NH 03110</b>	
TITLE	<b>SD</b>	<input type="checkbox"/> Delete
NAME	<b>RIPP, JONATHAN</b>	
STREET ADDRESS	<b>5480 WISCONSIN AVE</b>	
CITY-ST-ZIP	<b>CHEVY CHASE MD 20815</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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: Geraldine Ripp **SIGNATURE REQUIRED** DATE 5/16/03 DAYTIME PHONE # 212-265-1700

CR2037 (10/02)