

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

FILED

95 JUL -7 AM 8:42

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **N20289** (7)

1. Corporation Name

INTERNATIONAL ASSOCIATION FOR RESEARCH ON EPSTEIN-BARR VIRUS AND ASSOCIATED DISEASES, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

ABLASHI, DHARAM
PO BOX 835
OLNEY MD 20832
US

% RAYMOND Y. LAU
10900 ROOSEVELT BLVD. NORTH
ST. PETERSBURG FL 33716-2308

3. Date Incorporated or Qualified 04/22/1987	3a. Date of Last Report 05/11/1994
4. FEI Number 59-2821283	Applied For Not Applicable

2. Principal Place of Business 21	2a. Mailing Address 26	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
City & State 23	City & State 28	7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input checked="" type="checkbox"/>	\$68.75 Supplemental Fee Not Required
Zip 24	Country 25	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Zip 29		
	Country 30		

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
LAU, RAYMOND Y. 10900 ROOSEVELT BLVD. NORTH ST. PETERSBURG FL 33716		B1 Name	
		B2 Street Address (P.O. Box Number is Not Acceptable)	
		B3	
		B4 City	FL B5 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PAGANO, JOE	1.2 NAME	
STREET ADDRESS	UNIV OF NC	1.3 STREET ADDRESS	
CITY - ST - ZIP	CHAPEL HILL NC	1.4 CITY - ST - ZIP	
TITLE	TD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PEARSON, GARY	2.2 NAME	
STREET ADDRESS	GEORGETOWN UNIVERSITY	2.3 STREET ADDRESS	
CITY - ST - ZIP	WASHINGTON DC	2.4 CITY - ST - ZIP	
TITLE	SD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ABLASHI, DHARAM	3.2 NAME	
STREET ADDRESS	NAT. CANCER INSTITUTE	3.3 STREET ADDRESS	
CITY - ST - ZIP	BETHESDA MD	3.4 CITY - ST - ZIP	
TITLE	D	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILLER, GEORGE	4.2 NAME	
STREET ADDRESS	YALE UNIVERSITY	4.3 STREET ADDRESS	
CITY - ST - ZIP	NEW HAVEN CT	4.4 CITY - ST - ZIP	
TITLE	D	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TURSZ, THOMAS	5.2 NAME	
STREET ADDRESS	94805 VILLEJUIF	5.3 STREET ADDRESS	
CITY - ST - ZIP	FRANCE	5.4 CITY - ST - ZIP	
TITLE	D	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RAAB-TRAUB, NANCY	6.2 NAME	
STREET ADDRESS	UNIVERSITY IF NC AT CHAPEL HILL	6.3 STREET ADDRESS	
CITY - ST - ZIP	CHAPEL HILL NC	6.4 CITY - ST - ZIP	

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 110.07(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: *Dharam v. AdDobh* 6/29/95 (301) 774-7046
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Signature Here)