SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.) NONPROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1996 N20289 **DOCUMENT #** INTERNATIONAL ASSOCIATION FOR RESEARCH ON EPSTEI N-BARR VIRUS AND ASSOCIATED DISEASES, INC. Mailing Address Principal Place of Business % RAYMOND Y, LAU ABLASHI. DHARAM 10900 ROOSEVELT BLVD. NORTH PO BOX 895 OLNEY MD 20832 ST. PETERSBURG FL 33716-2308 Date Incorporated or Qualified 04/22/1987 3a. Date of Last Report 07/07/1995 4. FEI Number Applied For 2a. Mailing Address 2. Principal Place of Business 59-2821283 26 Nancy Raab-Traub Not Applicable 21 Nancy Raab-Traub \$8.75 Additional Suite Apt # etc 325 Lineberger CB#7295 325 Lineberger CB#7295 5. Certificate of Status Desired Fee Required CNåβer H111, NC 27599-7295 \$5.00 May Be City & State Chapel Hill, NC 27599-7295 6. Election Campaign Financing Added to Fees Trust Fund Contribution 23 8. This corporation has liability for intangible tax under s. 199.032. Country Country Zip No Florida Statutes Yes 30 24 25 29 10. Name and Address of New Registered Agent Name and Address of Current Registered Agent 81 Name Street Address (P.O. Box Number is Not Acceptable) LAU, RAYMOND Y. 82 10900 ROOSEVELT BLVD. NORTH ST. PETERSBURG FL 33716 Zip Code 85 84 City 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. Lam familiar with, and accept the obligations of, Section 617.0503, Florida Statutes. SIGNATURE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and bited applicable (96/8)ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12 DELETE Change Addition 1.1 TITLE PΩ TITLE PAGANO, JOE 12 NAME NAME UNIV OF NC 1.3 STREET ADDRESS STREET ADDRESS CHAPEL HILL NO 1.4 CiTY - \$1 - ZIP CITY - ST - ZIP Change Addition DELETE 21 TITLE ŒΤ TITLE PEARSON, GARY 22 NAME NAME GEORGETOWN UNIVERSITY 2.3 STREET ADDRESS STREET ADDRESS WASHINGTON DC 2 4 CITY - ST - ZIP CITY-ST-ZIP Change Addition SD DELETE 3.1 TITLE TITLE ABLASHI, DHARAM 3.2 NAME NAME NAT. CANCER INSTITUTE 3.3 STREET ADDRESS STREET ADDRESS BETHESDA MD 34 CITY-ST-ZIP CHTY-ST-ZIP Change Addition DELETE 4.1 TIBLE TITLE MILLER, GEORGE 4.2 NAME NAME YALE UNIVERSITY 4 3 STREET ADDRESS STREET ADORESS **NEW HAVEN CT** 4.4 CITY - ST - ZIP CITY-ST-ZIP Change Addition DELETE 51 TITLE TITLE TURSZ, THOMAS 5.2 NAME NAME 94805 VILLEJUIF 5.3 STREET ADDRESS STREET ADDRESS **FRANCE** 5 4 CITY - ST - ZIP CITY-ST-ZIP Channe Addition DELETE 6.1 TITLE TITLE RAAB-TRAUB, NANCY 6.2 NAME NAME UNIVERSITY IF NC AT CHAPEL HILL 6.3 STREET ADDRESS STREET ADDRESS CHAPEL HILL NO 6.4 CITY-ST-ZIP CITY - \$1 - ZIF 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 logal effect as it 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

SIGNATURE

SIGNATURE AND TYPED OR PRIMED NAME OF SIGNING OFFICER OR DIRECTOR Nancy Raad Traub, Treasurer

that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address

July 30, 1990 (919) 906-1701