

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
Sep 19 1997 8:00am
Secretary of State

DOCUMENT # **N20289** (7)

1. Corporation Name

**INTERNATIONAL ASSOCIATION FOR RESEARCH ON EPSTEI
N-BARR VIRUS AND ASSOCIATED DISEASES, INC.**

Principal Place of Business

Mailing Address

C/O NANCY RAAB-TRAUB
325 LINEBERGER CB #7295
CHAPEL HILL NC 27599-7295
US

C/O NANCY RAAB-TRAUB
325 LINEBERGER CB #7295
CHAPEL HILL NC 27599-7295
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/22/1987

3a. Date of Last Report

08/12/1996

4. FEI Number

59-2821283

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 owes or has paid the current year Intangible

Personal Property Tax due June 30.

☐ Yes

☒ No

2. Principal Place of Business

21

2a. Mailing Address

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

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**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☒ DELETE

NAME **PAGANO, JOE**
STREET ADDRESS **UNIV OF NC**
CITY-ST-ZIP **CHAPEL HILL NC**

TITLE D ☒ DELETE

NAME **MILLER, GEORGE**
STREET ADDRESS **YALE UNIVERSITY**
CITY-ST-ZIP **NEW HAVEN CT**

TITLE D ☒ DELETE

NAME **TURSZ, THOMAS**
STREET ADDRESS **94805 VILLEJUIF**
CITY-ST-ZIP **FRANCE**

TITLE D ☐ DELETE

NAME **RAAB-TRAUB, NANCY**
STREET ADDRESS **UNIVERSITY IF NC AT CHAPEL HILL**
CITY-ST-ZIP **CHAPEL HILL NC**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD ☒ Change ☐ Addition

1.2 NAME **MILLER, GEORGE**
1.3 STREET ADDRESS **YALE School of Medicine, 222 Cedar St**
1.4 CITY-ST-ZIP **NEW HAVEN, CT 06510**

2.1 TITLE D ☐ Change ☒ Addition

2.2 NAME **Ernberg, Ingemar**
2.3 STREET ADDRESS **Karolinska Institute**
2.4 CITY-ST-ZIP **Stockholm, Sweden S17177**

3.1 TITLE D ☐ Change ☒ Addition

3.2 NAME **Farrell, Paul**
3.3 STREET ADDRESS **Ludwig Inst, Norfolk Place, Paddington**
3.4 CITY-ST-ZIP **London W2 1PG, UK**

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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 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 REQUIRED

Sept 17 1997 919(946-1721)

CR2E037 (4/97)