

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
2000



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Sep 07, 2000 8:00 am**  
**Secretary of State**

09-07-2000 90040 033 \*\*\*\*61.25

**DOCUMENT # N20289**

1. Corporation Name

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

R

Principal Place of Business

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

Mailing Address

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

80105268



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified  
**04/22/1987**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number  
**59-2821283**

Applied For

Not Applicable

City & State

City & State

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

Zip

Country

Zip

Country

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

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 33718

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

(NOTE: Registered Agent signature required when renewing)

DATE

**OFFICERS AND DIRECTORS**

13.

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '12**

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

PD ☐ DELETE  
MILLER, GEORGE  
222 CEDAR ST., YALE SCHOOL OF MEDICINE  
NEW HAVEN CT

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

D ☐ DELETE  
ERNBERG, INGEMAR  
KAROLINSKA INSTITUTE  
STOCKHOLM SW

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

D ☐ DELETE  
FARREL, PAUL  
LUDWIG INST., NORFOLD PLACE, PADDINGTON  
LONDON W21PG UK

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

D ☐ DELETE  
RAAB-TRAUB, NANCY  
UNIVERSITY IF NC AT CHAPEL HILL  
CHAPEL HILL NC

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

☐ DELETE

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

☐ DELETE

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

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 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

September 5, 2000