

**2002 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # N20289**

1. Entity Name

**INTERNATIONAL ASSOCIATION FOR RESEARCH ON EPSTEIN-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**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

**59-2821283**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LAU, RAYMOND Y.  
10900 ROOSEVELT BLVD. NORTH  
ST. PETERSBURG FL 33716**

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**9. Election Campaign Financing  
Trust Fund Contribution. ☐**\$5.00** May Be  
Added to Fees**Make Check Payable to  
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	MILLER, GEORGE	
STREET ADDRESS	222 CEDAR ST., YALE SCHOOL OF MEDICINE	
CITY-ST-ZIP	NEW HAVEN CT	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input type="checkbox"/> Delete
NAME	ERNBERG, INGEMAR	
STREET ADDRESS	KAROLINSKA INSTITUTE	
CITY-ST-ZIP	STOCKHOLM SW	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input type="checkbox"/> Delete
NAME	FARREL, PAUL	
STREET ADDRESS	LUDWIG INST., NORFOLD PLACE, PADDINGTON	
CITY-ST-ZIP	LONDON W21PG UK	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input type="checkbox"/> Delete
NAME	RAAB-TRAUB, NANCY	
STREET ADDRESS	UNIVERSITY IF NC AT CHAPEL HILL	
CITY-ST-ZIP	CHAPEL HILL NC	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
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"/> Delete
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:****SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**April 24, 2002**

Date

Daytime Phone #

**FILED**  
**May 08, 2002 8:00 am**  
**Secretary of State**

05-08-2002 90129 011 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)