

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Jun 01, 2004
Secretary of State**

DOCUMENT# N20289

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

Current Principal Place of Business:

C/O NANCY RAAB-TRAUB
325 LINEBERGER CB #7295
CHAPEL HILL, NC 275997295 US

New Principal Place of Business:

Current Mailing Address:

C/O NANCY RAAB-TRAUB
325 LINEBERGER CB #7295
CHAPEL HILL, NC 275997295 US

New Mailing Address:

FEI Number: 59-2821283 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: MILLER, GEORGE
Address: 222 CEDAR ST., YALE SCHOOL OF MEDICINE
City-St-Zip: NEW HAVEN, CT

Title: D () Delete
Name: ERNBERG, INGEMAR
Address: KAROLINSKA INSTITUTE
City-St-Zip: STOCKHOLM, SW

Title: D () Delete
Name: FARREL, PAUL
Address: LUDWIG INST., NORFOLD PLACE, PADDINGTON
City-St-Zip: LONDON W21PG, UK

Title: D () Delete
Name: RAAB-TRAUB, NANCY
Address: UNIVERSITY IF NC AT CHAPEL HILL
City-St-Zip: CHAPEL HILL, NC

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DR (X) Change () Addition
Name: RAAB-TRAUB, NANCY
Address: UNIVERSITY IF NC AT CHAPEL HILL
City-St-Zip: CHAPEL HILL, NC

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: NANCY RAAB-TRAUB

DR

06/01/2004

Electronic Signature of Signing Officer or Director

_____ Date