

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N20289

FILED
Mar 20, 2009
Secretary of State

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

Current Principal Place of Business:

C/O SANKAR SWAMINATHAN
1376 MOWRY ROAD
GAINESVILLE, FL 326103633 US

New Principal Place of Business:

Current Mailing Address:

C/O SANKAR SWAMINATHAN
1376 MOWRY ROAD
GAINESVILLE, FL 326103633 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:

SANKAR SWAMINATHAN
1376 MOWRY ROAD
GAINESVILLE, FL 326103633 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: P () Delete
Name: ZENG, YI-XIN
Address: 651 DONG FEN RD
City-St-Zip: GUANGZHOU, GD 5100060 CH

Title: V () Delete
Name: YOUNG, LAWRENCE
Address: UNIVERSITY OF BIRMINGHAM MEDICAL SCHOOL
City-St-Zip: BIRMINGHAM, WM B15 2TT UK

Title: S () Delete
Name: LING, PAUL
Address: ONE BAYLOR PLAZA
City-St-Zip: HOUSTON, TX 77030 US

Title: T () Delete
Name: SWAMINATHAN, SANKAR
Address: 1376 MOWRY ROAD
City-St-Zip: GAINESVILLE, FL 326103633 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: YOUNG, LAWRENCE
Address: UNIVERSITY OF BIRMINGHAM MEDICAL SCHOOL
City-St-Zip: BIRMINGHAM, WM B15 2TT UK

Title: V (X) Change () Addition
Name: LIEBERMAN, PAUL
Address: THE WISTAR INSTITUTE, 3601 SPRUCE ST
City-St-Zip: PHILADELPHIA, PA 19104 US

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

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: SANKAR SWAMINATHAN

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03/20/2009

Electronic Signature of Signing Officer or Director

_____ Date