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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # **N25814 (7)**

1. Corporation Name
THE RUTH K. BROAD BIOMEDICAL RESEARCH FOUNDATION, INC.

Principal Place of Business	Mailing Address
C/O B. JEFFERSON CLARK 3101 PETTY RD. STE 700 DURHAM NC 27707 US	C/O B. JEFFERSON CLARK 3101 PETTY RD. STE 700 DURHAM NC 27707 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 04/07/1988	3a. Date of Last Report 05/01/1994
4. FEI Number 65-0045051	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input checked="" type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 c/o Ellen Luken Suite, Apt. #, etc.	26 c/o Ellen Luken Suite, Apt. #, etc.
22 3100 Tower Blvd., Suite 700 City & State	27 3100 Tower Blvd., St. 700 City & State
23 Durham, NC Zip	28 Durham, NC Zip
24 27707 Country USA	29 27707 Country USA

9. Name and Address of Current Registered Agent

**BUSSEL, ANN B.
420 ROVINO AVENUE
CORAL GABLES FL 33156**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	FL
83	
84 City	

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when remaining)

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	BROAD, SHEPARD
STREET ADDRESS	1200 LINCOLN RD., SUITE 200
CITY-ST-ZIP	MIAMI BCH. FL
TITLE	DV
NAME	BROAD, MORRIS N.
STREET ADDRESS	3609 ALHAMBRA CT.
CITY-ST-ZIP	CORAL GABLES FL
TITLE	D
NAME	BUSSEL, DEBORAH L.
STREET ADDRESS	2372 PRAIRIE AVE.
CITY-ST-ZIP	MIAMI FL
TITLE	DY
NAME	BUSSEL, ANN B.
STREET ADDRESS	420 AVE. ROVINO
CITY-ST-ZIP	CORAL GABLES FL
TITLE	D
NAME	BUSSEL, JOHN M.
STREET ADDRESS	150 W. 51ST ST., APT. 020
CITY-ST-ZIP	NEW YORK NY
TITLE	D
NAME	GAGE, FRED H. P
STREET ADDRESS	9500 GILMAN DR.
CITY-ST-ZIP	LAJOLLA CA

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	500001408205
1.3 STREET ADDRESS	-02/16/95--01092--013
1.4 CITY-ST-ZIP	***130.00 ***130.00
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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: Ellen Luken **Ellen Luken** 919/419-3200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

The Ruth K. Broad Biomedical Research Foundation, Inc.

12. Officers and Directors Continued...

D

Manuel F. Utset, M.D., Ph.D.
318 Aigburth Road
Towson, MD 21204

D/C

Ralph Snyderman, M.D.
122 Stoneridge Drive
Chapel Hill, NC 27514

D

Joel L. Fleishman, LL.M.
205 Wood Cr.
Chapel Hill, NC 27514

D

Thaddeus B. Wester, M.D.
1001-101 Brighthurst Drive
Raleigh, NC 27605

D

Ralph McCaughan, LL.B.
3903 Eton
Durham, NC 27705

D

Gordon Hammes, Ph.D.
11 Stanley Pl.
Durham, NC 27705

D

Dale Purves, M.D.
604 E. Franklin Street
Chapel Hill, NC 27514

D

Allen D. Roses, M.D.
48 Birnham Lane
Durham, NC 27707

D/S

Ellen Luken
4207 Amesbury Lane
Durham, NC 27707

Asst. S

David G. Singleton, Jr.
6 Sinclair Cir.
Durham, NC 27705