

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **N25814 (7)**

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



Principal Place of Business: **C/O ELLEN LUKEN, 3100 TOWER BLVD. SUITE 700, DURHAM NC 27707 US**
Mailing Address: **C/O ELLEN LUKEN, 3100 TOWER BLVD. SUITE 700, DURHAM NC 27707 US**

3. Date Incorporated or Qualified: **04/07/1988**
3a. Date of Last Report: **02/16/1995**

2. Principal Place of Business: **21 c/o Ellen Luken, 22 3100 Tower Blvd., Ste. 700, 23 Durham, NC, 24 27707, 25 USA**
2a. Mailing Address: **26 c/o Ellen Luken, 27 3100 Tower Blvd., Ste. 700, 28 Durham, NC, 29 27707, 30 USA**

4. FEI Number: **65-0045051**
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

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, 82 Street Address (P.O. Box Number is Not Acceptable), 83, 84 City, 85 Zip Code**

11. 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: _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE: _____

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|--|--|---|--|
| TITLE: D | BROAD, SHEPARD <input checked="" type="checkbox"/> DELETE | 1.1 TITLE: D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME: BROAD, SHEPARD | | 1.2 NAME: BERMAN, KAREN B. | |
| STREET ADDRESS: 1200 LINCOLN RD., SUITE 200 | | 1.3 STREET ADDRESS: 145 CANDLEWOOD ROAD | |
| CITY-ST-ZIP: MIAMI BCH. FL | | 1.4 CITY-ST-ZIP: ROCKY MOUNT, NC 27804 | |
| TITLE: DV | <input type="checkbox"/> DELETE | 2.1 TITLE: | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME: BROAD, MORRIS N. | | 2.2 NAME: | |
| STREET ADDRESS: 3609 ALHAMBRA CT. | | 2.3 STREET ADDRESS: | |
| CITY-ST-ZIP: CORAL GABLES FL | | 2.4 CITY-ST-ZIP: | |
| TITLE: D | <input type="checkbox"/> DELETE | 3.1 TITLE: D | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME: BUSSEL, DEBORAH L. | | 3.2 NAME: 3551 Crystal Court | |
| STREET ADDRESS: 2372 PRAIRIE AVE. | | 3.3 STREET ADDRESS: Miami, FL 33133 | |
| CITY-ST-ZIP: MIAMI FL | | 3.4 CITY-ST-ZIP: | |
| TITLE: DT | <input type="checkbox"/> DELETE | 4.1 TITLE: | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME: BUSSEL, ANN B. | | 4.2 NAME: | |
| STREET ADDRESS: 420 AVE. ROVINO | | 4.3 STREET ADDRESS: | |
| CITY-ST-ZIP: CORAL GABLES FL | | 4.4 CITY-ST-ZIP: | |
| TITLE: D | <input type="checkbox"/> DELETE | 5.1 TITLE: D | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME: BUSSEL, JOHN M. | | 5.2 NAME: 1 Tequesta Point | |
| STREET ADDRESS: 150 W. 51ST ST., APT. 826 | | 5.3 STREET ADDRESS: 888 Brickell Key Drive, #706 | |
| CITY-ST-ZIP: NEW YORK NY | | 5.4 CITY-ST-ZIP: Miami, FL 33131 | |
| TITLE: D | <input type="checkbox"/> DELETE | 6.1 TITLE: D | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME: GAGE, FRED H. P | | 6.2 NAME: 10010 N. Torrey Pines Road | |
| STREET ADDRESS: 9500 GILMAN DR. | | 6.3 STREET ADDRESS: LaJolla, CA 92037 | |
| CITY-ST-ZIP: LAJOLLA CA | | 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)(k), 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 Date Daytime Phone #

CR2E037 (12/95)

The Ruth K. Broad Biomedical Research Foundation, Inc.

12. Officers and Directors Continued...

D

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S

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Asst. S

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