

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Jul 02, 2004  
Secretary of State**

DOCUMENT# N41887

Entity Name: THE BUONICONTI FUND TO CURE PARALYSIS, INC.

**Current Principal Place of Business:**

1095 NW 14 TERRACE  
2-47  
MIAMI, FL 33136

**New Principal Place of Business:**

**Current Mailing Address:**

1095 NW 14 TERRACE  
2-47  
MIAMI, FL 33136

**New Mailing Address:**

FEI Number: 65-0244316      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

RAATTAMA, HENRY H JR  
% AKERMAN, SENTERFITT & EIDSON, P.A.  
ONE S.E. 3RD AVE., 28TH FLOOR  
MIAMI, FL 33131 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: C ( ) Delete  
Name: SCHNIEDER, JOHN A  
Address: 711 FIFTH AVENUE, 9TH FLOOR  
City-St-Zip: NEW YORK, NY

Title: ATAS ( ) Delete  
Name: BERNING, DIANA C  
Address: 1095 NW 14 TERRACE  
City-St-Zip: MIAMI, FL 33136

Title: D ( ) Delete  
Name: SAYFIE, SUZANNE  
Address: 1095 NW 14 TERRACE  
City-St-Zip: MIAMI, FL 33136

Title: D ( ) Delete  
Name: BUONICONTI, NICHOLAS, A  
Address: 445 GRAND BAY DRIVE  
City-St-Zip: KEY BISCAYNE, FL 33145

Title: P ( ) Delete  
Name: BUONICONTI, MARC  
Address: 10 EDGEWATER DR, 9-H  
City-St-Zip: CORAL GABLES, FL 331332314

Title: VC ( ) Delete  
Name: DALTON, MARK F  
Address: 595 STEWART AVE STE 520  
City-St-Zip: GARDEN CITY, NY 11530

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

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 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: DIANA C. BERNING

ATAS

07/02/2004

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date

DONNA E. SHALALA, DIRECTOR  
UNIVERSITY OF MIAMI  
PO BOX 248006  
CORAL GABLES, FL 33124

JOHN GRAY, DIRECTOR  
GENERAL REINSURANCE COMPANY  
695 EAST MAIN STREET  
STAMFORD, CT 06901

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45 ROCKEFELLER PLAZA  
NEW YORK, NY 10111

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