

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 06, 2002 8:00 am
Secretary of State

05-06-2002 90202 036 ****61.25

DOCUMENT # N99000003319

1. Entity Name

**THE AARON AND SYLVIA ROTHENBERG FAMILY FOUNDATIO
 N, INC.**

Principal Place of Business

Mailing Address

**39 HOMESTEAD ROAD
 TENAFLY NJ 07670**

**39 HOMESTEAD ROAD
 TENAFLY NJ 07670**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0922300

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**DONOFF, CRAIG ESQ.
 18305 BISCAYNE BLVD.
 #300
 AVENTURA FL 33160**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE Delete
PD
 NAME **WEISS, LOIS**
 STREET ADDRESS **39 HOMESTEAD ROAD**
 CITY-ST-ZIP **TENAFLY NJ 07670**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
VTD
 NAME **ROTHENBERG, KENNETH**
 STREET ADDRESS **10 LAUREL AVENUE**
 CITY-ST-ZIP **TENAFLY NJ 07670**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
SD
 NAME **ROTH, TRISHA**
 STREET ADDRESS **516 N RODEO DRIVE**
 CITY-ST-ZIP **BEVERLY HILLS CA 90210**

TITLE Change Addition
 NAME
 STREET ADDRESS **2800 Neilson Way #901**
 CITY-ST-ZIP **Santa Monica, Ca 90405**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Lois Weiss* **REQUIRED**

4/19/2002

*201
 5672839*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)