

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 30, 2000 8:00 am**  
**Secretary of State**

03-30-2000 90004 031 \*\*\*\*61.25

**DOCUMENT # F98000000145**

1. Entity Name

**ANTI-DEFAMATION LEAGUE FOUNDATION CORP.**

Principal Place of Business

Mailing Address

**823 UNITED NATIONS PLAZA  
 NEW YORK NY 10017**

**823 UNITED NATIONS PLAZA  
 NEW YORK NY 10017-3518**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**13-2887439**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SHAPIRO, KENNETH W ESQ  
 1776 N. PINE ISLAND RD., #308  
 PLANTATION FL 33322**

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STRASSLER, DAVID	NAME	
STREET ADDRESS	823 UNITED NATIONS PLAZA	STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY 10017	CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SALBERG, MELVIN	NAME	
STREET ADDRESS	823 UNITED NATIONS PLAZA	STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY 10017	CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLNER, PETER T	NAME	
STREET ADDRESS	823 UNITED NATIONS PLAZA	STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY 10017	CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MELTZER, JILL K	NAME	
STREET ADDRESS	823 UNITED NATIONS PLAZA	STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY 10017	CITY-ST-ZIP	
TITLE	T <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ARBESFELD, BOBBIE	NAME	Assistant Treasurer
STREET ADDRESS	823 UNITED NATIONS PLAZA	STREET ADDRESS	Kellman, Michael
CITY-ST-ZIP	NEW YORK NY 10017	CITY-ST-ZIP	823 United Nations Plaza
TITLE	T <input type="checkbox"/> Delete	TITLE	New York, NY 10017
NAME	FOXMAN, ABRAHAM H	NAME	
STREET ADDRESS	823 UNITED NATIONS PLAZA	STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY 10017	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 reports 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:** *SIGNATURE REQUIRED*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*3/3/00*  
 Date

**Peter L. Wilner**  
 Assistant Secretary  
 Daytime Phone #

CR2E037 (9/99)