

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

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

Daytime Phone #

Peter L. Wilner
Assistant Secretary

CR2E037 (9/99)