

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 810317

1. Entity Name

DEVELOPMENT CORPORATION FOR ISRAEL

FILED
May 26, 2000 8:00 am
Secretary of State

05-26-2000 90067 025 ***150.00

Principal Place of Business Mailing Address
 575 LEXINGTON AVE 575 LEXINGTON AVE
 SUITE 600 SUITE 600
 NEW YORK NY 10022 NEW YORK NY 10022-6102
 US US

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 13-5639495 Applied For Not Applicable

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

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
 1201 HAYS STREET
 SUITE 105
 TALLAHASSEE FL 32301

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	PATT, GIDEON	
STREET ADDRESS	215 E. 68TH ST.	
CITY-ST-ZIP	NEW YORK NY 10021	
TITLE	C	<input type="checkbox"/> Delete
NAME	RESNICK, BURTON	
STREET ADDRESS	350 POLLY PARK ROAD	
CITY-ST-ZIP	RYE NY 10580	
TITLE	VC	<input type="checkbox"/> Delete
NAME	SIGGAL, MICHAEL	
STREET ADDRESS	921 WEST HILL DRIVE	
CITY-ST-ZIP	GATES MILLS OH	
TITLE	VP	<input type="checkbox"/> Delete
NAME	LEVY, DAVID	
STREET ADDRESS	14 LAKEVIEW DRIVE	
CITY-ST-ZIP	WEST ORANGE NJ 07052	
TITLE	VPF	<input type="checkbox"/> Delete
NAME	LURIE, ARLENE	
STREET ADDRESS	320 EAST SHORE ROAD	
CITY-ST-ZIP	GREAT NECK NY	
TITLE	S	<input type="checkbox"/> Delete
NAME	HIRSCH, HOWARD	
STREET ADDRESS	33 STONE HENGE TERRACE	
CITY-ST-ZIP	LIVINGSTON NJ 07039	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SIEGAL, MICHAEL
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5/1/00

212-644-2669

CR2E034 (9/99)