

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 29, 2001 8:00 am
Secretary of State

01-29-2001 90134 007 ****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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

13-2887439

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

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

| | | |
|----------------|--------------------------------------|--|
| TITLE NAME | P STRASSLER, DAVID | <input checked="" type="checkbox"/> Delete |
| STREET ADDRESS | 823 UNITED NATIONS PLAZA | |
| CITY-ST-ZIP | NEW YORK NY 10017 | |
| TITLE NAME | V SALBERG, MELVIN | <input checked="" type="checkbox"/> Delete |
| STREET ADDRESS | 823 UNITED NATIONS PLAZA | |
| CITY-ST-ZIP | NEW YORK NY 10017 | |
| TITLE NAME | S WILLNER, PETER T | <input type="checkbox"/> Delete |
| STREET ADDRESS | 823 UNITED NATIONS PLAZA | |
| CITY-ST-ZIP | NEW YORK NY 10017 | |
| TITLE NAME | S MELTZER, JILL K | <input type="checkbox"/> Delete |
| STREET ADDRESS | 823 UNITED NATIONS PLAZA | |
| CITY-ST-ZIP | NEW YORK NY 10017 | |
| TITLE NAME | AT KELLMAN, MICHAEL | <input type="checkbox"/> Delete |
| STREET ADDRESS | 823 UNITED NATIONS PLAZA | |
| CITY-ST-ZIP | NEW YORK NY 10017 | |
| TITLE NAME | T FOXMAN, ABRAHAM H | <input type="checkbox"/> Delete |
| STREET ADDRESS | 823 UNITED NATIONS PLAZA | |
| CITY-ST-ZIP | NEW YORK NY 10017 | |

| | | |
|----------------|---|--|
| TITLE NAME | Howard P. Berkowitz | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS | President | |
| CITY-ST-ZIP | 823 U.N. Plaza, New York, NY 10017 | |
| TITLE NAME | David strassler | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS | Vice President | |
| CITY-ST-ZIP | 823 U.N. Plaza New York, NY 10017 | |
| TITLE NAME | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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 the 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 *Peter Willner*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Peter Willner
Associate National Director

212 888-7902

Date Daytime Phone #

CR2E037 (10/00)