

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 837371

1. Entity Name

AMERICAN BIBLE SOCIETY, INCORPORATED

Principal Place of Business

1865 BROADWAY  
NEW YORK NY 10023

Mailing Address

1865 BROADWAY  
NEW YORK NY 10023

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

13-1623885

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324

7. Name and Address of New Registered Agent

Name Blumberg Excelsior Coporate Services, Inc

Street Address (P.O. Box Number is Not Acceptable)  
4435 Old Winter Garden Road

City Orlando

FL

Zip Code  
32811

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

3/15/02

Signature, typed or printed name of registered agent and title, if applicable.  
Peter F. Rathbun, Vice President/General Counsel

(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

TITLE PD  
NAME HABECKER, EUGENE  
STREET ADDRESS 1865 BROADWAY  
CITY-ST-ZIP NEW YORK NY 10023 ☐ Delete

TITLE PCEO  
NAME HABECKER, EUGENE  
STREET ADDRESS 1865 BROADWAY  
CITY-ST-ZIP NEW YORK NY 10023 ☐ Delete

TITLE GCCS  
NAME RATHBUN, PETER  
STREET ADDRESS 1865 BROADWAY  
CITY-ST-ZIP NEW YORK NY 10023 ☐ Delete

TITLE EVP  
NAME ENGLISH, PATRICK  
STREET ADDRESS 1865 BROADWAY  
CITY-ST-ZIP NEW YORK NY 10023 ☐ Delete

TITLE AVPC  
NAME CAVANAUGH, DONALD  
STREET ADDRESS 1865 BROADWAY  
CITY-ST-ZIP NEW YORK NY 10023 ☐ Delete

TITLE T  
NAME SHOEMAKER ROBINSON, SALLY  
STREET ADDRESS 10522 BURNSIDE FARM RD  
CITY-ST-ZIP STEVENSON MD 21153 ☒ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE Chief Financial Officer  
NAME Nealon, Liliana  
STREET ADDRESS 1865 Broadway  
CITY-ST-ZIP New York, NY 10023 ☒ Change ☐ 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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/15/02

Date

(212) 408-1200

Daytime Phone #

CR2E037 (9/01)

0057289

FILED  
Apr 01, 2002 8:00 am  
Secretary of State

04-01-2002 90068 020 \*\*\*\*61.25

DUPLICATE



DO NOT WRITE IN THIS SPACE