

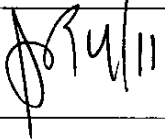


# 2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

<b>DOCUMENT # F98000000145</b> 1. Entity Name <b>ANTI-DEFAMATION LEAGUE FOUNDATION CORP.</b>						FILED 06 APR -7 AM 8:55 DEPARTMENT OF STATE TALLAHASSEE, FLORIDA		
Principal Place of Business 823 UNITED NATIONS PLAZA NEW YORK, NY 10017			Mailing Address 823 UNITED NATIONS PLAZA NEW YORK, NY 10017			 03162009 REIN-NP CRZE099 (1/05) <b>05-06</b>		
2. Principal Place of Business		3. Mailing Address		4. FEI Number <b>13-2887439</b>				<input type="checkbox"/> Applied For
Suite, Apt. #, etc.		Suite, Apt. #, etc.		<input checked="" type="checkbox"/> <b>\$8.75</b> Additional Fee Required				<input type="checkbox"/> Not Applicable
City & State		City & State		Zip		Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent				
MEDIN, MARK 6600 N ANDREWS AVE. SUITE 570 FORT LAUDERDALE, FL 33309				Name <b>Linda Zisk</b> Street Address (P.O. Box Number is Not Acceptable) <b>ADL 6600 N. Andrews Ave.</b> <b>Suite 570</b> City <b>Fort Lauderdale</b> <b>FL</b> Zip Code <b>33309</b>				
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. I am familiar with, and accept the obligations of registered agent.								
SIGNATURE <u><i>Linda Zisk</i></u> <u><i>Linda Zisk</i></u> <u><i>Florida</i></u> <u><i>Director of Development</i></u> <u><i>3/16/06</i></u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>								
<b>FILE NOW!!! FEE IS \$297.50</b>				<b>Make check payable to Florida Department of State</b>				
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BERKOWITZ, HOWARD P 823 UNITED NATIONS PLAZA NEW YORK, NY 10017	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	200070432822 04/14/06--01019--002 **306.25 			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD STRASSLER, DAVID 823 UNITED NATIONS PLAZA NEW YORK, NY 10017	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTR HOMBURGER, THOMAS C 823 UNITED NATIONS PLAZA NEW YORK, NY 10017	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ATM KELLMAN, MICHAEL 823 UNITED NATIONS PLAZA NEW YORK, NY 10017	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FOXMAN, ABRAHAM H 823 UNITED NATIONS PLAZA NEW YORK, NY 10017	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD KRISER, CHARLES F 823 UNITED NATIONS PLAZA NEW YORK, NY 10017	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u><i>Michael Kellman</i></u>				<u><i>Michael Kellman</i></u>		<u><i>Assistant Treasurer</i></u>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<u><i>3/17/06</i></u>		<u><i>212 885-7717</i></u>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<small>Date</small>		<small>Daytime Phone #</small>		

**ANTI-DEFAMATION LEAGUE FOUNDATION**  
**Not-For-Profit Corporation Annual Report**  
**FLORIDA Document # F9800000145**  
**Box 11 - Additions to Officers and Directors in Box 10**

Please note: The preferred address for ALL Officers and Directors listed on this page is

**823 United Nations Plaza**  
**New York, NY 10017**

3/16/2006 10:07

Name	Title(s) per FL abbrev.	Title(s) as used by organization
PERLMAN, Theodore F.	<i>S/D</i>	Secretary and Trustee
GREENLAND, Leo	<i>V/D</i>	Vice President and Trustee
SAPERS, William R.	<i>V/D</i>	Vice President and Trustee
KRUPP, Douglas	<i>V/D</i>	Vice President and Trustee
LEVIN, Marshall S.	<i>D</i>	Trustee & Assoc. Director of Development
STERN, Caryl M.	<i>AS</i>	Assistant Secretary (non-Trustee)
SALBERG, Michael	<i>AS</i>	Assistant Secretary (non-Trustee)
FORSTER, Arnold	<i>D</i>	Trustee and General Counsel
BALSER, Barbara B.	<i>D</i>	Trustee
BALSER, Ronald	<i>D</i>	Trustee
BIALKIN, Kenneth	<i>D</i>	Trustee
GANTCHER, Nathan	<i>D</i>	Trustee
GLASS, Sherwin	<i>D</i>	Trustee
GREENBERG, Maxwell E.	<i>D</i>	Trustee
GROSFELD, James	<i>D</i>	Trustee
JOSEPH, Burton M.	<i>D</i>	Trustee
KARLINSKY, Martin	<i>D</i>	Trustee
KULLY, Thomas R.	<i>D</i>	Trustee
LAUDER, Ronald	<i>D</i>	Trustee
LEVINSON, Burton S.	<i>D</i>	Trustee
LEWY, Glen	<i>D</i>	Trustee
MEHLER, I. Barry	<i>D</i>	Trustee
MOSS, George E.	<i>D</i>	Trustee
NAFTALY, Robert H.	<i>D</i>	Trustee
POLLANS, Albert A.	<i>D</i>	Trustee
ROCKOFF, Alvin J.	<i>D</i>	Trustee
SALBERG, Melvin	<i>D</i>	Trustee
SCHAEFER, Marla	<i>D</i>	Trustee
SCHNEIDER, Milton S.	<i>D</i>	Trustee
STARK, George	<i>D</i>	Trustee
SUGARMAN, Robert G.	<i>D</i>	Trustee
TOBIAS, Glen A.	<i>D</i>	Trustee