2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2009
Secretary of State

DOCUMENT# N01000002685

Entity Name: THE ESTHER ELSON CHARITABLE FOUNDATION, INC.

Current Principal Place of Business:

C/O RAMPELL AND RAMPELL PA
223 SUNSET AVENUE
PALM BEACH, FL 33480

New Principal Place of Business:

Current Mailing Address:

C/O RAMPELL AND RAMPELL PA
223 SUNSET AVENUE
PALM BEACH, FL 33480

New Mailing Address:

FEI Number: 65-1125533 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

RAMPELL, RICHARD
C/O RAMPELL AND RAMPELL PA
223 SUNSET AVENUE
PALM BEACH, FL 33480 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: ELSON, CHARLES
Address: 906 CECIL ROAD
City-St-Zip: WILMINGTON, DE 19807

Title: D ( ) Delete
Name: ELSON, EDWARD E
Address: 180 COCOANUT ROW
City-St-Zip: PALM BEACH, FL 33480

Title: D ( ) Delete
Name: ELSON, SUZANNE
Address: 180 COCOANUT ROW
City-St-Zip: PALM BEACH, FL 33480

Title: D ( ) Delete
Name: ELSON, LOUIS
Address: #2 KENSINGTON GATE
City-St-Zip: LONDON W8 JNA,

Title: D ( ) Delete
Name: ELSON, HARRY II
Address: 350 E 79TH STREET, APT 18C
City-St-Zip: NEW YORK, NY 10021

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: THOMAS C. CRAWFORD CPA 04/27/2009

Electronic Signature of Signing Officer or Director — Date