

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 20, 2003 8:00 am
Secretary of State

03-20-2003 90128 025 ****61.25

DOCUMENT # F95000005439

1. Entity Name

INTERNATIONAL RELIEF FRIENDSHIP FOUNDATION, INC.



Principal Place of Business

**177 WHITE PLAINS RD
50F
TARRYTOWN NY 10591**

Mailing Address

**177 WHITE PLAINS RD
50F
TARRYTOWN NY 10591**

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 **51-0200715**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**AHMED, SULTAN
1981 SW 133 AVE
MIRAMAR FL 33027**

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME	T KWAK, C.H.	☐ Delete
STREET ADDRESS	548 SO. BROADWAY	
CITY-ST-ZIP	TARRYTOWN NY	
TITLE NAME	T SALONEN, NEIL A	☐ Delete
STREET ADDRESS	14415 BAUER DR	
CITY-ST-ZIP	ROCKVILLE MD	
TITLE NAME	T YOSHIDA, SHUNICHIRO	☐ Delete
STREET ADDRESS	47 TAXTER RD	
CITY-ST-ZIP	IRVINGTON NY 10533	
TITLE NAME	VP WININGS, KATHY	☐ Delete
STREET ADDRESS	177 WHITE PLAINS RD, 50F	
CITY-ST-ZIP	TARRYTOWN NY 10591	
TITLE NAME	ED GEHRING, JOHN	☐ Delete
STREET ADDRESS	65 KINGS LAND ST	
CITY-ST-ZIP	NUTLEY NJ 07110	
TITLE NAME		☐ Delete
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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:

Kathy Winings
KATHY WININGS

3/15/03 914-366-0558

CR2E037 (10/02)