

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N09000008263

**Entity Name:** HARVARD UNIVERSITY, INC**Current Principal Place of Business:**

PRESIDENT AND FELLOWS OF HARVARD COLLEGE  
MASSACHUSETTS HALL CAMBRIDGE, MA 02138 USA MASSACHUSETTS HALL CAMBRIDGE,  
MA 02138 USA  
CAMBRIDGE, MA 02138

**Current Mailing Address:**

MOUNT ZION 14166  
14166  
JERUSALEM, JERUSALEM 91411100 IL

**FEI Number: 81-4287226****Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**

RODRIGUES, ANDRES SR.  
150 SE 2ND AVENUE  
11110  
MIAMI, FL 33131 US

*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:** ANDRES RODRIGUES SR,

01/03/2017

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title P  
Name FAUST, CATHERINE DREW GILPIN  
PHD  
Address MASSACHUSETTS HALL CAMBRIDGE,  
MA 02138 USA  
CAMBRIDGE MASSACHUSETTS HALL  
CAMBRIDGE, MA 02138 USA  
City-State-Zip: CAMBRIDGE MA 02138

Title SC  
Name LINDBARRG, PETER  
Address ISC18 TREMONT STRE SUITE 146 L-  
ACCTID49774  
City-State-Zip: BOSTON,SUFFOLK MA 02108

Title TREASURER  
Name COHEN, ROBERTO DR.  
Address MOUNT ZION 14166  
14166  
City-State-Zip: JERUSALEM JERUSALEM 91411100

Title VP  
Name HYMAN, STEVE  
Address ISC18 TREMONT STRE SUITE 146 L-  
ACCTID49774  
City-State-Zip: BOSTON,SUFFOLK MA 02108

Title CHAIRMAN  
Name COHEN, ZIGMUND ZIEGLER DR.  
Address MOUNT ZION 14166  
14166  
City-State-Zip: JERUSALEM 91411100

Title MEDICAL SCHOOL DEPARTMENT  
Name BLOOM, BARRY DR.  
Address MASSACHUSETTS HALL CAMBRIDGE,  
MA 02138 USA  
02138  
City-State-Zip: MASSACHUSETTS HALL CAMBRIDGE  
MA 02138

*I hereby 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 all other like empowered.*

**SIGNATURE:** ZIGMUND ZIEGLER COHEN**DIRECTOR**

01/03/2017

Electronic Signature of Signing Officer/Director Detail

Date