

2018 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F16000002858

FILED
Jan 16, 2018
Secretary of State
CC9430860677

Entity Name: THE CHILDREN'S MEDICAL RESEARCH FOUNDATION, INC.

Current Principal Place of Business:

1501 BROADWAY.
SUITE 1808
NEW YORK, NY 10036

Current Mailing Address:

1501 BROADWAY.
SUITE 1808
NEW YORK, NY 10036 US

FEI Number: 13-2984859

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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:

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title CP
Name ENNIS, ALAN T
Address 5 SWANS MILL LANE
City-State-Zip: SCOTCH PLAINS NJ 07076

Title TD
Name SHEERAN, MARK
Address 19 CORNEL DR.
City-State-Zip: GOLDENS BRIDGE NY 10526

Title D
Name SANSEVERO, ANNE
Address 35 EAST 35TH ST. PHC
City-State-Zip: NEW YORK NY 10016

Title D
Name MCCABE, CHRISTOPHER
Address 8 VANDERBURGH AVE.
City-State-Zip: LARCHMONT NY 10538

Title D
Name MORRISSEY, COLIN
Address REGUS HOUSE
BLOCK 4 HARCOURT CENTRE
HARCOURT ROAD
City-State-Zip: DUBLIN

Title D
Name NEIL, COLIN
Address 5 EASTGATE SQUARE
City-State-Zip: WESTFIELD NEW JERSEY 07090

Title D
Name ROBERTSON, DAN
Address GOLF DIGEST/ GOLF WORLD
1 WORLD TRADE CENTER
City-State-Zip: NEW YORK NEW YORK 10007

Title D
Name EVANS, DAVE
Address 8 WILARD TERRACE
City-State-Zip: STAMFORD CT 06903

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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: MARK C. SHEERAN

TREASURER

01/16/2018

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title D
Name COGLAN, EAMONN
Address 5 HOMELEIGH
City-State-Zip: PORTERSTOWN 015 EPKO

Title D
Name REILLY, JOHN J
Address SQUIRE PATTON BOGGS
30 ROCKEFELLER PLAZA
City-State-Zip: NEW YORK NY 10012

Title D
Name KENNEDY, STEPHEN
Address 17 DUBOIS ST.
City-State-Zip: DARIEN CT 06820

Title D
Name SULLIVAN, CAROLINE
Address ONE BRYANT PARK
City-State-Zip: NEW YORK NY 10036

Title DIRECTOR
Name BUTLER, AOIFE
Address 1501 BROADWAY.
SUITE 1808
City-State-Zip: NEW YORK NY 10036

Title D
Name FLANAGAN, JAMES
Address 10 WATCH WAY
City-State-Zip: LLOYD HARBOR NY 11743

Title D
Name CONDON, STEPHEN
Address 301 COMMERCE STREET
City-State-Zip: FORT WORTH TX 76102

Title D
Name GAFFEY, SEAN
Address 200 PARK AVE. 34TH FL
City-State-Zip: NEW YORK NY 10166

Title D
Name GOODWIN, THOMAS
Address MCCARTER & ENGLISH
FOUR GATEWAY CENTER 100
MULBERRY STREET
City-State-Zip: NEWARK NJ 07102

Title DIRECTOR
Name BARRY, ALEX
Address 1501 BROADWAY.
SUITE 1808
City-State-Zip: NEW YORK NY 10036