

**2015 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F98000000145

**FILED**  
**Apr 23, 2015**  
**Secretary of State**  
**CC0167670313**

**Entity Name:** ANTI-DEFAMATION LEAGUE FOUNDATION CORP.

**Current Principal Place of Business:**

605 THIRD AVENUE  
9TH FL  
NEW YORK, NY 10158

**Current Mailing Address:**

310 W 20TH ST  
STE 300  
KANSAS CITY, MO 64108 US

**FEI Number:** 13-2887439

**Certificate of Status Desired:** Yes

**Name and Address of Current Registered Agent:**

CORPORATE CREATIONS NETWORK, INC.  
11380 PROSPERITY FARMS RD  
#221E  
PALM BEACH GARDENS, FL 33410 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 PD  
Name SCHNEIDER, MILTON S  
Address ADL, 605 THIRD AVENUE  
City-State-Zip: NEW YORK NY 10158

Title VD  
Name STRASSLER, DAVID  
Address ADL, 605 THIRD AVENUE  
City-State-Zip: NEW YORK NY 10158

Title ATM  
Name KELLMAN, MICHAEL A  
Address ADL, 605 THIRD AVENUE  
City-State-Zip: NEW YORK NY 10158

Title D  
Name FOXMAN, ABRAHAM H  
Address ADL, 605 THIRD AVENUE  
City-State-Zip: NEW YORK NY 10158

Title TD  
Name MOSS, GEORGE E  
Address ADL, 605 THIRD AVENUE  
City-State-Zip: NEW YORK NY 10158

Title DIRECTOR  
Name HANAN, NINA  
Address 605 THIRD AVENUE  
9TH FL  
City-State-Zip: NEW YORK NY 10158

*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:** MICHAEL KELLMAN

**ASST TREASURER**

**04/23/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date