

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 727731

FILED  
Mar 21, 2007  
Secretary of State

**Entity Name:** AMERICAN LEPTOSPIROSIS RESEARCH CONFERENCE, INC.

**Current Principal Place of Business:**

DEPT. OF POP. MED. & DIA. SCIENCES  
COLLEGE VETERINARY MED. CORNELL UNV.  
ITHACA, NY 14853 US

**New Principal Place of Business:**

**Current Mailing Address:**

DEPT. OF POP. MED. & DIA. SCIENCES  
COLLEGE VETERINARY MED. CORNELL UNV.  
ITHACA, NY 14853 US

**New Mailing Address:**

**FEI Number:** 25-7541543

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

RUBIN, HAVEY L. (DR)  
2370 LYNDELL DR.  
BOX 1836  
KISSIMMEE, FL 32741 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: STD ( ) Delete  
Name: CHANG, YUNG-FU  
Address: CORNELL UNIVERSITY  
City-St-Zip: ITHACA, NY 14853

Title: VD ( ) Delete  
Name: THOMAS, BETTY G  
Address: POB 640  
City-St-Zip: LETHBRIDGE, AL 50010

Title: PD ( ) Delete  
Name: HAAKE, DAVID  
Address: UCLA SCHOOL OF MEDICINE  
City-St-Zip: LOS ANGELES, CA 90073

**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:

I hereby certify that the information supplied with this filing does not qualify for the 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: YUNG-FU CHANG

STD

03/21/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date