

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 727731

**FILED**  
**Feb 15, 2010**  
**Secretary of State**

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

**Current Principal Place of Business:**

DR. YUNG-FU CHANG, DEPT. POP. MED. & DIAGN  
SCI. COLLEGE VET. MED. CORNELL UNIVERSITY  
ITHACA, NY 14853 US

**New Principal Place of Business:**

**Current Mailing Address:**

DR. YUNG-FU CHANG, DEPT. POP. MED. & DIAGN  
SCI. COLLEGE VET. MED. CORNELL UNIVERSITY  
ITHACA, NY 14853 US

**New Mailing Address:**

**FEI Number:** 25-7541543

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**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  
Name: CHANG, YUNG-FU  
Address: CORNELL UNIVERSITY  
City-St-Zip: ITHACA, NY 14853

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

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

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: YUNG-FU CHANG

SECR

02/15/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date