2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

Mar 17, 2003 8:00 am Secretary of State DOCUMENT # 737951 1. Entity Name 03-17-2003 91065 041 ****61.25 ERNEST AND ROSE SAMUELS FOUNDATION, INC. Principal Place of Business Mailing Address C/O HERBERT D. FELDHEIM C/O HERBERT D. FELDHEIM **B HILLCREST LANE** 8 HILLCREST LANE WOODBURY NY 11797 WOODBURY NY 11797 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number 59-1733119 Applied For Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent -7. Name and Address of New Registered Agent Name KAPLAN, DAVID H ESQ Street Address (P.O. Box Number is Not Acceptable) 7260 KINGHURST DRIVE SUITE 302 DELRAY BEACH FL 33446 City Zip Code 8. 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. I am familiar with, and accept SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW: FEE IS \$61.25 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Trust Fund Contribution. Added to Fees Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE DP ☐ Delete TITLE ☐ Change ☐ Addition NAME FELDHEIM, HERBERT DR. NAME STREET ADDRESS 8 HILLCREST LANE STREET ADDRESS CITY-ST-ZIP **WOODBURY NY** CITY-ST-ZIP TITLE DST ☐ Delete TITLE Change ☐ Addition NAME FELDHEIM, DEBORAH DR. NAME STREET ADDRESS 11513 WEST HILL DR. STREET ADDRESS CITY-ST-ZIP ROCKVILLE MD 20852 CITY-ST-ZIP TITLE ☐ Delete ☐ Change Addition NAME FELDHEIM. ANNA NAME STREET ADDRESS 8 HILLCREST LANE STREET ADDRESS CITY-ST-ZIP WOODBURY NY 11797 CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME

12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director changed, or on an attachment with an address, with all other like empowered.

STREET ADDRESS

STREET ADDRESS

CITY-ST-7IP

CITY-ST-ZIP

TITLE

NAME

☐ Delete

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIE

TITLE

NAME

367-4840

Addition

☐ Change

FILED