


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 28, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # 764569**  
 1. Entity Name  
**THE MORTY AND GLORIA WOLOSOFF FOUNDATION, INC.**



Principal Place of Business % SHERRY NETHERLAND 781 FIFTH AVE NEW YORK, NY 10022	Mailing Address C/O HENDLER & GERSTEN 385 RT 24, SUITE 1E CHESTER, NJ 07930 US
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01042005 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 58-1493447	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
 C T CORPORATION SYSTEM  
 1200 SOUTH PINE ISLAND ROAD  
 PLANTATION, FL 33324

**DO NOT WRITE IN THIS SPACE**

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 the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)  
 Signature, typed or printed name of registered agent and title if applicable. DATE \_\_\_\_\_

**Filing Fee is \$61.25 Due by May 1, 2005**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	DS
NAME	WOLOSOFF, GLORIA
STREET ADDRESS	% THE SHERRY NETHERLAND 781 FIFTH AVE
CITY-ST-ZIP	NEW YORK, NY 10022
TITLE	D
NAME	HENDLER, MILTON
STREET ADDRESS	22837 ELDORADO DR.
CITY-ST-ZIP	BOCA RATON, FL 33433
TITLE	D
NAME	DRATCH, STEPHEN N
STREET ADDRESS	354 EISENHOWER PARKWAY
CITY-ST-ZIP	LIVINGSTON, NJ 07039
TITLE	D
NAME	WOLOSOFF HAYES, WENDY
STREET ADDRESS	367 VIEWMOT ROAD
CITY-ST-ZIP	GERMANTOWN, NY 12526
TITLE	D
NAME	HIRSCH, RICHARD
STREET ADDRESS	375 PARK AVE.
CITY-ST-ZIP	NEW YORK, NY
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

110000201328  
 01/28/05-80064-001 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Milton H Hendler 1/20/05 908-879-6466  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #