2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 28, 2000 8:00 am
Secretary of State
06-28-2000 90001 016 ****61.25

DOCUMENT # 830690

1. Entity Name

AMERICAN COMMITTEE FOR THE WEIZMANN INSTITUTE OF

Principal Place of Business	Mailing Address
51 MADISON AVENUE NEW YORK NY 10010-1603	51 MADISON AVENUE NEW YORK NY 10010-1603

[redacted]

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
130 EAST 59 ST.	130 EAST 59 ST.
Suite, Apt. #, etc.: 10TH Floor	Suite, Apt. #, etc.: 10TH Floor
City & State: NEW YORK, NY	City & State: NEW YORK, NY
Zip: 10022 Country: USA	Zip: 10022 Country: USA

4. FEI Number: 13-1623886 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

WELSH, CLAUDIA
1550 NE MIAMI GARDENS DR
SUITE 405
N MIAMI BEACH FL 33179

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** 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.

SIGNATURE: Henry Pavony 3/10/00
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 Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD WILLNER, DR. ALBERT 4865 CHERRY LAUREL LANE DELRAY BEACH FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CD ASHER, ROBERT 211 EAST CHIACAGO AVE., 14200 CHICAGO IL 60611	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V PAVONY, HENRY 51 MADISON AVENUE NEW YORK NY 10010	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V KRAAR, MARTIN 51 MADISON AVENUE NEW YORK NY	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD BLUMBERG, LAWRENCE S 521 FIFTH AVENUE, 24TH FLOOR NEW YORK NY 10175	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD MORSE, ANDREW 1345 6TH AVENUE NEW YORK NY 10105	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (9/99)

12. I hereby certify that the information supplied with this filing 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 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: Henry Pavony SIGNATURE REQUIRED 3/10/00
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #