


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 29, 2007 8:00 am
Secretary of State

01-29-2007 90095 041 ****70.00

DOCUMENT # 830690			
1. Entity Name AMERICAN COMMITTEE FOR THE WEIZMANN INSTITUTE OF SCIENCE, INC.			
Principal Place of Business 633 THIRD AVE 20TH FLOOR NEW YORK, NY 10017		Mailing Address 633 THIRD AVE 20TH FLOOR NEW YORK, NY 10017	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



01112007 Chg-NP CR2E037 (12/06)

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		7. Name and Address of New Registered Agent	
BRUNER, ALEX 2300 GLADES ROAD SUITE 210W BOCA RATON, FL 33431		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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Alex Bruner* Jan. 17, 2007
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	C <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MACHINIST, ROBERT	NAME	
STREET ADDRESS	633 THIRD AVE, 20TH FLOOR	STREET ADDRESS	
CITY-ST-ZIP	NEW YORK, NY 10017	CITY-ST-ZIP	
TITLE	P <input checked="" type="checkbox"/> Delete	TITLE	P <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WILLNER, ALBERT DR	NAME	Norman Cohen
STREET ADDRESS	633 THIRD AVE, 20TH FLOOR	STREET ADDRESS	633 Third Ave, 20th Floor
CITY-ST-ZIP	NEW YORK, NY 10017	CITY-ST-ZIP	New York, NY 10017
TITLE	T <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORSE, ANDREW	NAME	
STREET ADDRESS	633 THIRD AVE, 20TH FLOOR	STREET ADDRESS	
CITY-ST-ZIP	NEW YORK, NY 10017	CITY-ST-ZIP	
TITLE	EVP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KRAAR, MARTIN	NAME	
STREET ADDRESS	633 THIRD AVE, 20TH FLOOR	STREET ADDRESS	
CITY-ST-ZIP	NEW YORK, NY 10017	CITY-ST-ZIP	
TITLE	SVP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PAVONY, HENRY	NAME	
STREET ADDRESS	633 THIRD AVE, 20TH FLOOR	STREET ADDRESS	
CITY-ST-ZIP	NEW YORK, NY 10017	CITY-ST-ZIP	
TITLE	SVP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEIPZIG, JAY	NAME	
STREET ADDRESS	633 THIRD AVE, 20TH FLOOR	STREET ADDRESS	
CITY-ST-ZIP	NEW YORK, NY 10017	CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: *Alex Bruner* *Henry Pavony* 1/23/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #