2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2005 08:00 AM
Secretary of State

DOCUMENT # 833174

1. Entity Name
JUVENILE DIABETES RESEARCH FOUNDATION INTERNATIONAL (INCORPORATED)

Principal Place of Business	Mailing Address
120 WALL STREET 19 FLOOR NEW YORK, NY 10005 US	120 WALL STREET 19 FLOOR NEW YORK, NY 10005 US

01072005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
23-1907729
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525

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

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	CD
NAME	JOHNSON, ROBERT W
STREET ADDRESS	630 FIFTH AVE. STE 1510
CITY-ST-ZIP	NEW YORK, NY 10111
TITLE	CD
NAME	BARKER, GORDON
STREET ADDRESS	150 NW 86TH AVE.
CITY-ST-ZIP	PORTLAND, OR 97229
TITLE	PCEO
NAME	VAN ETTON, PETER
STREET ADDRESS	120 WALL ST
CITY-ST-ZIP	NEW YORK, NY 10005
TITLE	CFOA
NAME	SEBOLD, EDWARD
STREET ADDRESS	2694 BIRCH AVE
CITY-ST-ZIP	EAST MEADOW, NY 11554
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/20/05-80004-002 61.25

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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: X _____ 1/5/05 212-479-7552
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #