

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 833174

FILED
Feb 22, 2007
Secretary of State

Entity Name: JUVENILE DIABETES RESEARCH FOUNDATION INTERNATIONAL (INCORPORATED)

Current Principal Place of Business:

120 WALL STREET
19 FLOOR
NEW YORK, NY 10005 US

New Principal Place of Business:

Current Mailing Address:

120 WALL STREET
19 FLOOR
NEW YORK, NY 10005 US

New Mailing Address:

FEI Number: 23-1907729

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PCEO () Delete
Name: DONALD, ARNOLD
Address: 120 WALL STREET C/O JDRF- 19FL
City-St-Zip: NEW YORK, NY 10005

Title: CD () Delete
Name: GERMAN, ROBERT
Address: 120 WALL STREET- 19TH FL
City-St-Zip: NEW YORK, NY 10005

Title: COO () Delete
Name: HARDING, ROBIN
Address: 120 WALL STREET C/C JDRF- 19TH FL
City-St-Zip: NEW YORK, NY 10005

Title: CFOA () Delete
Name: SEBALD, EDWARD
Address: 2694 BIRCH AVE
City-St-Zip: EAST MEADOW, NY 11554

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: EDWARD SEBALD

CFO

02/22/2007

Electronic Signature of Signing Officer or Director

Date