

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 12, 2008 8:00 am
Secretary of State

02-12-2008 90009 041 ****61.25

DOCUMENT # 840589

1. Entity Name
**AMERICAN SOCIETY FOR TECHNION-ISRAEL
INSTITUTE OF TECHNOLOGY, INC.**



Principal Place of Business
**55 E 59TH ST
14TH FLR
NEW YORK, NY 10022**

Mailing Address
**55 E 59TH ST
14TH FLR
NEW YORK, NY 10022**

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

01302008 Chg-NP CR2E037 (12/06)

4. FEI Number
13-0434195

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**Effrat, Al
12000 BISCAYNE BLVD
STE 503
MIAMI, FL 33181**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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, 2008**

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

TITLE **P** ☐ Delete
NAME **LASER, STEPHEN A**
STREET ADDRESS **55 E. 59TH STREET**
CITY-ST-ZIP **NEW YORK, NY 10022**

TITLE **S** ☐ Delete
NAME **SHIRVAN, STANLEY**
STREET ADDRESS **55 E 59TH ST**
CITY-ST-ZIP **NEW YORK, NY 10022**

TITLE **VP** ☐ Delete
NAME **BLOOM, MELVYN H.**
STREET ADDRESS **55 E 59TH ST**
CITY-ST-ZIP **NEW YORK, NY 10022**

TITLE **TD** ☐ Delete
NAME **DAVIDOW, ROBERT**
STREET ADDRESS **55 E 59TH ST**
CITY-ST-ZIP **NEW YORK, NY 10022**

TITLE **V** ☐ Delete
NAME **SCHEMENTI, MICHAEL**
STREET ADDRESS **55 E 59TH ST**
CITY-ST-ZIP **NEW YORK, NY 10022**

TITLE **D** ☐ Delete
NAME **WILNER, BETH**
STREET ADDRESS **55 E 59TH ST**
CITY-ST-ZIP **NEW YORK, NY 10022**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/8/2008

Date

(212) 407-6357

Daytime Phone #