

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 840589

FILED
Jul 07, 2009
Secretary of State

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

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 13-0434195 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

EFFIZAZ, AL
12000 BISCAYNE BLVD
STE 503
MIAMI, FL 33181 US

Name and Address of New Registered Agent:

EFFRAT, AL
12000 BISCAYNE BLVD
STE 503
MIAMI, FL 33181 US

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: AL EFFRAT

07/07/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: LASER, STEPHEN A
Address: 55 E. 59TH STREET
City-St-Zip: NEW YORK, NY 10022

Title: S () Delete
Name: SHIRVAN, STANLEY
Address: 55 E 59TH ST
City-St-Zip: NEW YORK, NY 10022

Title: VP () Delete
Name: BLOOM, MELVYN H.
Address: 55 E 59TH ST
City-St-Zip: NEW YORK, NY 10022

Title: TD () Delete
Name: DAVIDOW, ROBERT
Address: 55 E 59TH ST
City-St-Zip: NEW YORK, NY 10022

Title: V () Delete
Name: SCHEMENTI, MICHAEL
Address: 55 E 59TH ST
City-St-Zip: NEW YORK, NY 10022

Title: D () Delete
Name: WILNER, BETH
Address: 55 E 59TH ST
City-St-Zip: NEW YORK, NY 10022

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:

Title: VP (X) Change () Addition
Name: SCHEMENTI, MICHAEL
Address: 55 E 59TH ST
City-St-Zip: NEW YORK, NY 10022

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

I hereby certify that the information supplied with this filing does not qualify 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: MICHAEL SCHEMENTI

VP

07/07/2009

Electronic Signature of Signing Officer or Director

Date