2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 855728

FILED Mar 25, 2009 Secretary of State

| Entity Nar | ne: WIZO-W | OMEN'S INTERNATIONAL Z | IONIST ORGANISAT | TION CORPORATION | | |
|--|--|----------------------------------|---|---|--|--|
| Current Principal Place of Business: | | | New Principal Place of Business: | | | |
| 950 3RD A # 901 NEW YOR | K, NY 10022 | | | | | |
| Current Mailing Address: | | | New Maili | New Mailing Address: | | |
| 950 3RD A # 901 NEW YOR | K, NY 10022 | | | | | |
| FEI Number: | 13-3041381 | FEI Number Applied For () | FEI Number Not Appl | licable () Certificate of Status Desired (X) | | |
| Name and Address of Current Registered Agent: | | Name and | Name and Address of New Registered Agent: | | | |
| | EDITH TH SHORE DR ACH, FL 33141 | US | | | | |
| The above in the State | named entity s e of Florida. | submits this statement for the p | ourpose of changing i | its registered office or registered agent, or both, | | |
| SIGNATUR | RE: | | | | | |
| SIGNATURE: Electronic Signature of Registered Agen | | | ent | Date | | |
| OFFICERS | S AND DIREC | TORS: | ADDITION | NS/CHANGES TO OFFICERS AND DIRECTOR: | | |
| Title: Name: Address: City-St-Zip: | PD () SOMMER, EVE 570 PARK AVE NEW YORK, NY | , | Title: Name: Address: City-St-Zip: | () Change () Addition | | |
| Title: Name: Address: City-St-Zip: | ST () SABO, SOPHIE 300 EAST 56TH NEW YORK, NY | IST, 32N | Title: Name: Address: City-St-Zip: | ST (X) Change () Addition SABO, SOPHIE 330 EAST 57TH ST, NEW YORK, NY 10022 | | |
| Title: Name: Address: City-St-Zip: | VD () IVCHER, MERC 19667 TURNBE N MIAMI BEACH | RRY WAY | Title: Name: Address: City-St-Zip: | () Change () Addition | | |

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: EVELYN SOMMER PRES 03/25/2009