2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004
Secretary of State

DOCUMENT# F01000002759

Entity Name: HEBREW COLLEGE, INC.

Current Principal Place of Business:

160 HERRICK RD
NEWTON, MA 02459

New Principal Place of Business:

Current Mailing Address:

160 HERRICK RD
NEWTON, MA 02459

New Mailing Address:

FEI Number: 04-2104300 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

H & H WISHNA, INC.
7729 BANYAN WAY
TAMARAC, FL 33321 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:	P	( ) Delete
Name:	GORDIS, DAVID M	
Address:	160 HERRICK RD	
City-St-Zip:	NEWTON, MA 02459	
Title:	V	( ) Delete
Name:	KLARMAN, BETH S	
Address:	329 HEATH ST.	
City-St-Zip:	BROOKLINE, MA	
Title:	S	( ) Delete
Name:	BLOOM, ARNOLD	
Address:	286 CONGRESS ST., STE 325	
City-St-Zip:	BOSTON, MA	
Title:	T	( ) Delete
Name:	STEINHART, ALAN	
Address:	32 ASH ST.	
City-St-Zip:	CAMBRIDGE, MA	
Title:	CD	( ) Delete
Name:	CAIL, MICKEY	
Address:	106 ACCESS RD	
City-St-Zip:	NORWOOD, MA	
Title:	V	( ) Delete
Name:	CHAFETZ, IRWIN	
Address:	300 FIRST AVE.	
City-St-Zip:	NEEDHAM, MA	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	V	(X) Change ( ) Addition
Name:	LOWENTHAL, MORT	
Address:	72 WINDWARD LANE	
City-St-Zip:	STAMFORD, CT	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	T	(X) Change ( ) Addition
Name:	STEINERT, ALAN	
Address:	32 ASH ST.	
City-St-Zip:	CAMBRIDGE, MA	
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 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 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: MICKEY CAIL CD 04/26/2004

Electronic Signature of Signing Officer or Director — Date