

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F01000002759

FILED
Jan 20, 2009
Secretary of State

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:

MOSCOWITZ, RACHEL
3831 OTTAWA LANE
COOPER CITY, FL 33026 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: LEHMANN, DANIEL
Address: 160 HERRICK RD
City-St-Zip: NEWTON, MA 02459

Title: C () Delete
Name: ATKINS, MARK
Address: ONE CHARLES ST S, PH 2B
City-St-Zip: BOSTON, MA 02116

Title: S () Delete
Name: AIN, SUSAN
Address: 85 BALD HILL ROAD
City-St-Zip: HOLLISTON, MA 01746

Title: T () Delete
Name: RUBIN, HOWARD
Address: 57 LAUREL ROAD
City-St-Zip: WESTON, MA 02493

Title: TRU () Delete
Name: CAIL, MICKEY
Address: 106 ACCESS RD
City-St-Zip: NORWOOD, MA 02062

Title: TRU () Delete
Name: MOSKOWITZ, BETH
Address: 66 CRANBERRY LANE
City-St-Zip: NEEDHAM, MA 02492

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:

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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 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: RACHEL WEINSTOCK

CONT

01/20/2009

Electronic Signature of Signing Officer or Director

Date