

**2002 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # F01000006433**

1. Entity Name

**YESHIVA UNIVERSITY, (CORPORATION)****FILED****May 24, 2002 8:00 am**  
**Secretary of State**

05-24-2002 91331 006 \*\*\*\*70.00

Principal Place of Business

**500 WEST 185TH STREET  
NEW YORK NY 10033**

Mailing Address

**55 FIFTH AVENUE  
NEW YORK NY 10003**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

**13-1624225**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324**

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.

SIGNATURE

Signature, typed or printed name of registered agent and fee if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**9. Election Campaign Financing  
Trust Fund Contribution. ☐**\$5.00 May Be  
Added to Fees****Make Check Payable to  
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>LAMM, NORMAN DR.</b>	
STREET ADDRESS	<b>500 WEST 185TH STREET</b>	
CITY-ST-ZIP	<b>NEW YORK NY 10033</b>	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<b>S</b>	<input type="checkbox"/> Delete
NAME	<b>SOCOL, SHELDON E DR.</b>	
STREET ADDRESS	<b>500 WEST 185TH STREET</b>	
CITY-ST-ZIP	<b>NEW YORK NY 10033</b>	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<b>V</b>	<input type="checkbox"/> Delete
NAME	<b>LOWENGRUB, MORTON DR.</b>	
STREET ADDRESS	<b>500 WEST 185TH STREET</b>	
CITY-ST-ZIP	<b>NEW YORK NY 10033</b>	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<b>V</b>	<input type="checkbox"/> Delete
NAME	<b>SOCOL, SHELDON E DR.</b>	
STREET ADDRESS	<b>500 WEST 185TH STREET</b>	
CITY-ST-ZIP	<b>NEW YORK NY 10033</b>	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<b>V</b>	<input type="checkbox"/> Delete
NAME	<b>DOBRINSKY, HERBERT C DR.</b>	
STREET ADDRESS	<b>500 WEST 185TH STREET</b>	
CITY-ST-ZIP	<b>NEW YORK NY 10033</b>	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<b>V</b>	<input type="checkbox"/> Delete
NAME	<b>PURPURA, DOMINICK P DR.</b>	
STREET ADDRESS	<b>500 WEST 185TH STREET</b>	
CITY-ST-ZIP	<b>NEW YORK NY 10033</b>	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Bernard Pittinsky*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**BERNARD PITINSKY****REQUIREDDIRECTOR OF FINANCE**

Date

Daytime Phone #

**212 960 5875**

CR2E037 (9/01)