


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 27, 2006 08:00 AM
Secretary of State

DOCUMENT # F01000006433
 1. Entity Name
YESHIVA UNIVERSITY, (CORPORATION)



Principal Place of Business 500 WEST 185TH STREET ATTN: MR. RICK ANNIS NEW YORK, NY 10033-3201	Mailing Address 500 WEST 185TH STREET ATTN: MR. RICK ANNIS NEW YORK, NY 10033-3201
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01062006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 13-1624225	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
**C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION, FL 33324**

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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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____
Signature, typed or printed name of registered agent and date if applicable

**Filing Fee is \$61.25
 Due by May 1, 2006**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

000000447371
 03/08/06 80078-005 61.25

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P JOEL, RICHARD M 500 WEST 185TH STREET NEW YORK, NY 10033
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ANNIS, RICK 500 WEST 185TH STREET NEW YORK, NY 10033
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C WEISS, MORRY 10500 AMERICA ROAD CLEVELAND, OH 441442301
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VC BRAVMANN, LUDWIG 200 PARK AVENUE, 25TH FLOOR NEW YORK, NY 10166
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VC KUKIN, IRA DR. 5 S. REGENT STREET, STE 526 LIVINGSTON, NJ 070391617
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BOT AZRIELI, DAVID J 376 VICTORIA AVENUE, STE 400 WESTMOUNT, QUEBEC, CA H3Z1C3

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Rick Annis - Rick Annis 2/20/06 212-960-5475
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #