


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 19, 2007 8:00 am**  
**Secretary of State**

03-19-2007 90058 003 \*\*\*\*61.25

<b>DOCUMENT # F01000006433</b> 1. Entity Name <b>YESHIVA UNIVERSITY, (CORPORATION)</b>					
Principal Place of Business <b>500 WEST 185TH STREET ATTN: MR. KARL KUNZ NEW YORK, NY 10033-3201</b>			Mailing Address <b>500 WEST 185TH STREET ATTN: MR. KARL KUNZ NEW YORK, NY 10033-3201</b>		
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent  <b>C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324</b>				7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				4. FFI Number <b>13-1624225</b>	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>JOEL, RICHARD M</b> <b>500 WEST 185TH STREET</b> <b>NEW YORK, NY 10033</b>		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>KUNZ, KARL</b> <b>500 WEST 185TH STREET</b> <b>NEW YORK, NY 10033</b>		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>C</b> <b>WEISS, MORRY</b> <b>10500 AMERICA ROAD</b> <b>CLEVELAND, OH 441442301</b>		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VC</b> <b>BRAVMANN, LUDWIG</b> <b>200 PARK AVENUE, 25TH FLOOR</b> <b>NEW YORK, NY 10166</b>		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VC</b> <b>KUKIN, IRA DR.</b> <b>5 S. REGENT STREET, STE 526</b> <b>LIVINGSTON, NJ 070391617</b>		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>BOT</b> <b>AZRIELI, DAVID J</b> <b>376 VICTORIA AVENUE, STE 400</b> <b>WESTMOUNT, QUEBEC, CA H3Z1C3</b>		<input type="checkbox"/> Delete		
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.					
<b>SIGNATURE:</b> <i>Karl Kunz</i> <b>Karl Kunz</b> <b>3/7/07</b> <b>212-960-0859</b>					