

**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 04, 2008 08:00 AM**  
**Secretary of State**

DOCUMENT # F02000004838

1. Entity Name  
BROOKLYN COLLEGE FOUNDATION, INC.



Principal Place of Business  
2900 BEDFORD AVENUE, 1122 INGERSOLL HALL  
BROOKLYN, NY 11210

Mailing Address  
2900 BEDFORD AVENUE, 1122 INGERSOLL HALL  
BROOKLYN, NY 11210



01162008 No Chg-NP CR2E037 (4/06)

4. FEI Number  
11-1904329

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

BLUMBERG EXCELSIOR CORPORATE SERVICES, INC  
4435 OLD WINTER GARDEN ROAD  
ORLANDO, FL 32811

**DO NOT WRITE  
IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE C  
NAME MAGNER, MARJORIE  
STREET ADDRESS 2900 BEDFORD AVENUE, 1122 INGERSOLL HALL  
CITY-ST-ZIP BROOKLYN, NY 11210

TITLE ED  
NAME SILEN, ANDREW  
STREET ADDRESS 2900 BEDFORD AVENUE, 1122 INGERSOLL HALL  
CITY-ST-ZIP BROOKLYN, NY 11210

TITLE S  
NAME RAND, MADELO  
STREET ADDRESS 2900 BEDFORD AVENUE, 1122 INGERSOLL HALL  
CITY-ST-ZIP BROOKLYN, NY 11210

TITLE T  
NAME GARIL, BERNARD  
STREET ADDRESS 2900 BEDFORD AVENUE, 1122 INGERSOLL HALL  
CITY-ST-ZIP BROOKLYN, NY 11210

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

000000813204  
02/12/08-80079-019 61.25

**DO NOT WRITE  
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ANDREW SILEN

06-18-08

Date

718.951.5074

Daytime Phone #