

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000006062

FILED  
Apr 14, 2009  
Secretary of State

**Entity Name:** COMMITTEE FOR ACCURACY IN MIDDLE EAST REPORTING IN AMERICA, INC.

**Current Principal Place of Business:**

P O BOX 35040  
ALLSTON, MA 02134 US

**New Principal Place of Business:**

214 LINCOLN STREET, STE. 415  
ALLSTON, MA 02134 US

**Current Mailing Address:**

P.O. BOX 35040  
BOSTON, MA 02135

**New Mailing Address:**

**FEI Number:** 52-1332702      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

BESMAN, CAROLE  
175 BRADLEY PL.  
PALM BEACH, FL 33480 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: PED ( ) Delete  
Name: LEVIN, ANDREA  
Address: P.O. BOX 35040  
City-St-Zip: BOSTON, MA 02135

Title: C ( ) Delete  
Name: HERTZ, ELI  
Address: 24 GREENWAY SOUTH  
City-St-Zip: FOREST HILLS, NY 11375

Title: S ( ) Delete  
Name: WISSE, LEONARD  
Address: P.O. BOX 35040  
City-St-Zip: BOSTON, MA 02135

Title: GC ( ) Delete  
Name: WOLF, DAVID ESQ  
Address: P.O. BOX 35040  
City-St-Zip: BOSTON, MA 02135

Title: T ( ) Delete  
Name: GREENWALD, CAROL  
Address: PO BOX 35040  
City-St-Zip: BOSTON, MA 02135

**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:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
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: SUSAN RUBIN

ADD

04/14/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date