

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000003130

FILED
Aug 17, 2005
Secretary of State

Entity Name: LAURA AND ALVIN SIEGAL COLLEGE OF JUDAIC STUDIES (INCORPORATED)

Current Principal Place of Business:

26500 SHAKER BLVD.
BEACHWOOD, OH 44122

New Principal Place of Business:

Current Mailing Address:

26500 SHAKER BLVD.
BEACHWOOD, OH 44122

New Mailing Address:

FEI Number: 34-0946903 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

BRAUNER, RON
300 BRIGHTON H
BOCA RATON, FL 33434 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: C () Delete
Name: BELL, LAWRENCE
Address: 26500 SHAKER BLVD.
City-St-Zip: BEACHWOOD, OH 44122

Title: VC () Delete
Name: SCHNEIDER, MITCHELL
Address: 26500 SHAKER BLVD.
City-St-Zip: BEACHWOOD, OH 44122

Title: P () Delete
Name: ARIEL, DAVID
Address: 26500 SHAKER BLVD.
City-St-Zip: BEACHWOOD, OH 44122

Title: S () Delete
Name: KOHRMAN, MARGERY
Address: 26500 SHAKER BLVD.
City-St-Zip: BEACHWOOD, OH 44122

Title: VC () Delete
Name: LIVINGSTONE, FRED
Address: 26500 SHAKER BLVD.
City-St-Zip: BEACHWOOD, OH 44122

Title: T () Delete
Name: WEBER, MURIEL
Address: 26500 SHAKER BLVD.
City-St-Zip: BEACHWOOD, OH 44122

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: C (X) Change () Addition
Name: SCHNEIDER, MITCHELL
Address: 26500 SHAKER BLVD.
City-St-Zip: BEACHWOOD, OH 44122

Title: VC (X) Change () Addition
Name: CHELM, RENEE
Address: 26500 SHAKER BLVD.
City-St-Zip: BEACHWOOD, OH 44122

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change () Addition
Name: SALTZBERG, MARC
Address: 26500 SHAKER BLVD.
City-St-Zip: BEACHWOOD, OH 44122

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 for the exemption stated in Section 119.07(3)(i), 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: DAVID ARIEL

P

08/17/2005

Electronic Signature of Signing Officer or Director

Date