

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED  
Apr 12, 2004 08:00 AM  
Secretary of State

DOCUMENT # F03000003512

1. Entity Name  
THE INTERNATIONAL RESEARCH FOUNDATION FOR  
CHILDREN'S EYECARE, INC.



Principal Place of Business  
C/O NEW YORK CRUISE LINES, INC.  
PIER 83, WEST END OF 42ND STREET  
NEW YORK, NY 10036

Mailing Address  
C/O NEW YORK CRUISE LINES, INC.  
PIER 83, WEST END OF 42ND STREET  
NEW YORK, NY 10036



03152004 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
13-3747789

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

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

EISENBERG, STEVEN E ESQ.  
3109 STIRLING ROAD SUITE 101  
FT. LAUDERDALE, FL 33312

**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, 2004**

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

U000000111013  
04/12/04 00106 012 61.25

**10. OFFICERS AND DIRECTORS**

TITLE	C
NAME	ANDREN, KARL G
STREET ADDRESS	18 CROWN LANE
CITY-ST-ZIP	GREENWICH, CT 06831
TITLE	VV
NAME	CLARK, HOWARD L JR.
STREET ADDRESS	404 ROUND HILL ROAD
CITY-ST-ZIP	GREENWICH, CT 06831
TITLE	DS
NAME	WILLIAMS, P. WHITRIDGE JR.
STREET ADDRESS	45 EAST 85TH STREET APT. 2E
CITY-ST-ZIP	NEW YORK, NY 10028
TITLE	DT
NAME	STERN, ANN
STREET ADDRESS	29 PINE RIDGE ROAD
CITY-ST-ZIP	GREENWICH, CT 06830
TITLE	P
NAME	WILLIAMS, PETER W ESQ
STREET ADDRESS	29142 BELCHESTER ROAD
CITY-ST-ZIP	KENNEDYVILLE, MD 21645
TITLE	CEOD
NAME	JOHNSON BAKER, MARIANNA
STREET ADDRESS	830 PARK AVE., APT. 6C
CITY-ST-ZIP	NEW YORK, NY 10021

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify 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 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: Ann Stern  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/19/04 203-661-3376  
Date Daytime Phone #