

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000003512

FILED  
Feb 17, 2011  
Secretary of State

**Entity Name:** THE BERNADOTTE FOUNDATION FOR CHILDREN'S EYECARE, INC.

**Current Principal Place of Business:**

C/O CONDON O'MEARA MCGINTY & DONNELLY LLP  
ONE BATTERY PARK PLAZA-7TH FLOOR  
NEW YORK, NY 10004

**New Principal Place of Business:**

**Current Mailing Address:**

C/O CONDON O'MEARA MCGINTY & DONNELLY LLP  
ONE BATTERY PARK PLAZA-7TH FLOOR  
NEW YORK, NY 10004

**New Mailing Address:**

**FEI Number:** 13-3747789

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

EISENBERG, STEVEN E ESQ.  
3109 STIRLING ROAD SUITE 101  
FT. LAUDERDALE, FL 33312 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: T  
Name: GARFINKEL, LESTER  
Address: 10 WEST 66TH STREET APT 9D  
City-St-Zip: NEW YORK, NY 10023

Title: D  
Name: MILLER, MARILYN  
Address: UIC BYE CENTER  
City-St-Zip: CHICAGO, IL 60612

Title: DS  
Name: WILLIAMS, P. WHITRIDGE JR.  
Address: 225 FIFTH AVENUE, 5K  
City-St-Zip: NEW YORK, NY 10010

Title: AT  
Name: ANDREN, LOUISE  
Address: 631 LONG RIDGE ROAD, #46  
City-St-Zip: STAMFORD, CT 06902

Title: DP  
Name: WILLIAMS, PETER W  
Address: 29142 BELCHESTER ROAD  
City-St-Zip: KENNEDYVILLE, MD 21645

Title: CEOD  
Name: JOHNSON BAKER, MARIANNA  
Address: 2 EAST 75TH STREET, APT 2C  
City-St-Zip: NEW YORK, NY 10021

I hereby 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 all other like empowered.

SIGNATURE: LESTER GARFINKEL

T

02/17/2011

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

\_\_\_\_\_  
Date