

2012 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# F05000000628

FILED
Jun 20, 2012
Secretary of State

Entity Name: AMERICAN FOUNDATION FOR SUICIDE PREVENTION, INC.

Current Principal Place of Business:

120 WALL STREET, 22ND FLOOR
NEW YORK, NY 10005

New Principal Place of Business:

120 WALL ST., FL 29
NEW YORK, NY 10005 US

Current Mailing Address:

120 WALL STREET, 22ND FLOOR
NEW YORK, NY 10005

New Mailing Address:

120 WALL ST., FL 29
NEW YORK, NY 10005 US

FEI Number: 13-3393329

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FINE, NORMAN D
STEINBERG GLOBAL ASSET MANAGEMENT
5100 TOWN CENTER CIR., TOWER II, STE. 150
BOCA RATON, FL 33486 US

Name and Address of New Registered Agent:

INCORP SERVICES, INC.
17888 67TH COURT NORTH
LOXAHATCHEE, FL 33470 US

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: JANICE NULL FOR INCORP SERVICES, INC.

06/20/2012

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: C
Name: NORTON, DAVID
Address: 8 GREENHOLM ST., APT. C
City-St-Zip: PRINCETON, NJ 08540 US

Title: VC
Name: ROGOFF, ANDREW
Address: 3000 TWO LOGAN SQUARE/PEPPER HAMILTON LLP
City-St-Zip: PHILADELPHIA, PA 19103 US

Title: P
Name: GREDEN, JOHN
Address: 2015 WOODSIDE
City-St-Zip: ANN ARBOR, MI 48104 US

Title: VP
Name: ROSENBAUM, JERROLD
Address: 15 PARKMAN ST. #ACC815
City-St-Zip: BOSTON, MA 02114 US

Title: S
Name: ROGOFF, ANDREW
Address: 3000 TWO LOGAN SQUARE/PEPPER HAMILTON LLP
City-St-Zip: PHILADELPHIA, PA 19103 US

Title: T
Name: FINE, NORMAN
Address: 5100 TOWN CENTER CIRCLE TOWER II SUITE 150
City-St-Zip: BOCA RATON, FL 33486 US

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: NORMAN FINE

T

06/20/2012

Electronic Signature of Signing Officer or Director

Date