

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 06, 2008 8:00 am
Secretary of State

05-06-2008 90032 027 ****61.25

DOCUMENT # F05000004083

1. Entity Name
**MUSEUM OF JEWISH HERITAGE-A LIVING MEMORIAL
TO THE HOLOCAUST, INC**



Principal Place of Business
**36 BATTERY PLACE
NEW YORK, NY 10280**

Mailing Address
**36 BATTERY PLACE
NEW YORK, NY 10280**

40098150



04092008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
13-3376265

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**C.T-CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324**

**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, 2008**

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

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**C
MORGENTHAU, ROBERT
36 BATTERY PLACE
NEW YORK, NY 10282**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VC
KLEIN, GEORGE
36 BATTERY PLACE
NEW YORK, NY 10282**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
MARWELL, DAVID G
36 BATTERY PLACE
NEW YORK, NY 10282**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
BARKSKY, IVY
36 BATTERY PLACE
NEW YORK, NY 10282**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**C
ATHAR, MOHAD
36 BATTERY PLACE
NEW YORK, NY 10282**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
TABAK, JEFFREY E
36 BATTERY PLACE
NEW YORK, NY 10282**

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 another like empowered.

SIGNATURE:

Michael Athar
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/9/08
Date

646-437-4317
Daytime Phone #

MOHAD ATHAR, Director of Finance