

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000004083

FILED
Apr 13, 2009
Secretary of State

Entity Name: MUSEUM OF JEWISH HERITAGE-A LIVING MEMORIAL TO THE HOLOCAUST, INC

Current Principal Place of Business:

36 BATTERY PLACE
NEW YORK, NY 10282

New Principal Place of Business:

Current Mailing Address:

36 BATTERY PLACE
NEW YORK, NY 10282

New Mailing Address:

FEI Number: 13-3376265

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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: MORGENTHAU, ROBERT
Address: 36 BATTERY PLACE
City-St-Zip: NEW YORK, NY 10282

Title: VC () Delete
Name: KLEIN, GEORGE
Address: 36 BATTERY PLACE
City-St-Zip: NEW YORK, NY 10282

Title: D () Delete
Name: MARWELL, DAVID G
Address: 36 BATTERY PLACE
City-St-Zip: NEW YORK, NY 10282

Title: D () Delete
Name: BARKSKY, IVY
Address: 36 BATTERY PLACE
City-St-Zip: NEW YORK, NY 10282

Title: C () Delete
Name: ATHAR, MOHAD
Address: 36 BATTERY PLACE
City-St-Zip: NEW YORK, NY 10282

Title: S () Delete
Name: TABAK, JEFFREY E
Address: 36 BATTERY PLACE
City-St-Zip: NEW YORK, NY 10282

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

Title: D (X) Change () Addition
Name: ATHAR, MOHAD
Address: 36 BATTERY PLACE
City-St-Zip: NEW YORK, NY 10282

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: MOHAD ATHAR

D

04/13/2009

Electronic Signature of Signing Officer or Director

Date