

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000004083

FILED  
Feb 07, 2011  
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  
Name: MORGENTHAU, ROBERT  
Address: 36 BATTERY PLACE  
City-St-Zip: NEW YORK, NY 10282

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

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

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

Title: D  
Name: ATHAR, MOHAD  
Address: 36 BATTERY PLACE  
City-St-Zip: NEW YORK, NY 10282

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

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: MOHAD ATHAR

D

02/07/2011

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

\_\_\_\_\_  
Date