

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000005387

FILED
Jan 14, 2009
Secretary of State

Entity Name: THE PROSKAUER ROSE CHARITABLE FOUNDATION INC.

Current Principal Place of Business:

1585 BROADWAY, ROOM 2462
NEW YORK, NY 100368299

New Principal Place of Business:

1585 BROADWAY, ROOM 2766
NEW YORK, NY 100368299

Current Mailing Address:

1585 BROADWAY, ROOM 2462
NEW YORK, NY 100368299

New Mailing Address:

1585 BROADWAY, ROOM 2766
NEW YORK, NY 100368299

FEI Number: 20-3435845

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BIDDISCOMBE, DANIEL P
C/O PROSKAUER ROSE LLP
2255 GLADES RD., STE 340 WEST
BOCA RATON, FL 334317360 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: CP () Delete
Name: KAFIN, ROBERT J ESQ.
Address: 1585 BROADWAY, ROOM 2462
City-St-Zip: NEW YORK, NY 100368299

Title: DT () Delete
Name: GURWITZ, ARTHUR T
Address: 1585 BROADWAY, ROOM 2462
City-St-Zip: NEW YORK, NY 100368299

Title: S () Delete
Name: BARKEY, ANN L
Address: 1585 BROADWAY, ROOM 2462
City-St-Zip: NEW YORK, NY 100368299

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: S (X) Change () Addition
Name: CASEY, PETER E
Address: 1585 BROADWAY, ROOM 2766
City-St-Zip: NEW YORK, NY 100368299

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: PETER E. CASEY

S

01/14/2009

Electronic Signature of Signing Officer or Director

Date