

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000001583

FILED  
Feb 15, 2011  
Secretary of State

**Entity Name:** THE KOSCIUSZKO FOUNDATION, INC.

**Current Principal Place of Business:**

15 E 65 STREET  
NEW YORK, NY 10065

**New Principal Place of Business:**

**Current Mailing Address:**

15 E 65 STREET  
NEW YORK, NY 10065

**New Mailing Address:**

**FEI Number:** 13-1628179

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

NRAI SERVICES INC  
515 E. PARK AVENUE  
TALLAHASSEE, FL 32301 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: GORE, JOSEPH E  
Address: 15 E 65 STREET  
City-St-Zip: NEW YORK, NY 10065

Title: VC T  
Name: NARESKI, WILLIAM  
Address: 15 E 65 STREET  
City-St-Zip: NEW YORK, NY 10065

Title: P  
Name: STOROZYNSKI, ALEX  
Address: 15 E 65 STREET  
City-St-Zip: NEW YORK, NY 10065

Title: VC  
Name: CYNTHIA, ROSICKI ESQ  
Address: 15 E 65 STREET  
City-St-Zip: NEW YORK, NY 10065

Title: S  
Name: WALENTOWICZ, HENRY ESQ.  
Address: 15 E 65 STREET  
City-St-Zip: NEW YORK, NY 10065

Title: VC  
Name: SENKO, WANDA  
Address: 15 E 65 STREET  
City-St-Zip: NEW YORK, NY 10065

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: ALEX STOROZYNSKI

PRES

02/15/2011

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

\_\_\_\_\_  
Date