

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000007773

FILED
Jan 23, 2009
Secretary of State

Entity Name: PAUL & ANNETTA HIMMELFARB FOUNDATION, INC.

Current Principal Place of Business:

4545 42ND STREET NW
SUITE 203
WASHINGTON, DC 20016

New Principal Place of Business:

Current Mailing Address:

4545 42ND STREET NW
SUITE 203
WASHINGTON, DC 20016

New Mailing Address:

FEI Number: 52-0784206 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DR STE 4
WESTON, FL 33331 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: ED/T () Delete
Name: PRESTON, MICHAEL E
Address: 9525 LAGERSFIELD CIRCLE
City-St-Zip: VIENNA, VA 221816180

Title: D/P () Delete
Name: HIMMELFARB, PAUL
Address: 1499 MASSACHUSETTS AVE NW APT 1412
City-St-Zip: WASHINGTON, DC 20005

Title: D/V () Delete
Name: NAIMAN, NORMA L
Address: 3703 BLOOMSBURY COURT
City-St-Zip: SILVER SPRINGS, MD 20906

Title: D/S () Delete
Name: HESTER, LAUREN K
Address: 22442 MAISON CARREE SQUARE
City-St-Zip: ASHBURN, VA 20148

Title: () Delete
Name:
Address:
City-St-Zip:

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: D/S (X) Change () Addition
Name: HESTER, LAUREN K
Address: 20633 EAGLE SPRINGS DRIVE
City-St-Zip: LEESBURG, VA 20175

Title: D () Change (X) Addition
Name: DAVIS, LISA H MS
Address: 25114 CHIMNEY HOUSE COURT
City-St-Zip: DAMASCUS, MD 20872

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL E. PRESTON

ED/T

01/23/2009

Electronic Signature of Signing Officer or Director

_____ Date