

To: FL Dept of State  
Subject: 000638.121172

From: Kim W. Hadenbach

Tuesday, March 09, 2010 1:47 PM Page: 1 of 4

Division of Corporations

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Florida Department of State  
Division of Corporations  
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To:

Division of Corporations  
Fax Number : (850) 617-6381

000638.121172

From:

Account Name : CORPDIRECT AGENTS, INC.  
Account Number : 110450000714  
Phone : (850) 222-1173  
Fax Number : (850) 224-1640

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Email Address: \_\_\_\_\_

**FOREIGN PROFIT/NONPROFIT CORPORATION**  
**HOPE FOR DEPRESSION RESEARCH FOUNDATION, INC.**

Certificate of Status	0
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MAR 10 2010

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

10 MAR - 9 PM 4:06  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

H100000537823 **FILED**

2010 MAR -9 P 12:19

**APPLICATION BY FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO  
CONDUCT ITS AFFAIRS IN FLORIDA**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**IN COMPLIANCE WITH SECTION 617.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO  
REGISTER A FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN  
THE STATE OF FLORIDA:**

**1. HOPE FOR DEPRESSION RESEARCH FOUNDATION, INC.**

(Name of corporation: must include the word "INCORPORATED" or "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present. "Company" or "Co." may not be used as a corporate suffix by a nonprofit corporation.)

**2. DELAWARE**

(State or country under the law of which it is incorporated)

**3. 20-4559210**

(FBI number, if applicable)

**4. 3/22/2006**

(Date of incorporation)

**5. PERPETUAL**

(Duration: Year corp. will cease to exist or "perpetual")

**6.** (Date first conducted affairs in Florida if prior to registration. See sections 617.1501 & 617.1502, F.S. to determine penalty liability.)

**7. 667 MADISON AVENUE, 2ND FLOOR, NEW YORK, NY 10065-8029**

(Principal office address)

**667 MADISON AVENUE, NEW YORK, NY 10065-8029**

(Current mailing address)

**8. TO FUND RESEARCH INTO THE DIAGNOSIS & TREATMENT OF DEPRESSION**

(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)

**9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)**

Name: **NATIONAL CORPORATE RESEARCH, LTD., INC.**

Office Address: **515 EAST PARK AVENUE**

**TALLAHASSEE**

(City)

**Florida 32301**

(Zip Code)

**10. Registered agent's acceptance:**

*Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.*

**National Corporate Research, Ltd., Inc.**

**Kashim Ballard, Asst. Sec.**  
(Registered agent's signature)

**11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.**

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**FILED**  
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2010 MAR -9 P 12:19

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

12. Names and addresses of officers and/or directors:

A. DIRECTORS

Chairman: AUDREY B. GRUSS

Address: 667 MADISON AVENUE, 17TH FLOOR

NEW YORK, NY 10065-8029

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Director: AUDREY B. GRUSS

Address: 667 MADISON AVENUE, 17TH FLOOR

NEW YORK, NY 10065-8029

Director: GARY GROFF

Address: 667 MADISON AVENUE, 2ND FLOOR

NEW YORK, NY 10065-8029

B. OFFICERS

President: AUDREY B. GRUSS

Address: 667 MADISON AVENUE, 17TH FLOOR

NEW YORK, NY 10065-8029

Vice President: \_\_\_\_\_

Address: \_\_\_\_\_

Secretary: GARY GROFF

Address: 667 MADISON AVENUE, 2ND FLOOR, NEW YORK, NY 10065-8029

Treasurer: GARY GROFF

Address: 667 MADISON AVENUE, 2ND FLOOR, NEW YORK, NY 10065-8029

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. \_\_\_\_\_

(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. \_\_\_\_\_

**GARY GROFF, DIRECTOR / SECRETARY/ TREASURER**

(Typed or printed name and capacity of person signing application)

H10000053733 3

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**Delaware**

*The First State*

2010 MAR -9 P 12:19

PAGE 1  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "HOPE FOR DEPRESSION RESEARCH FOUNDATION" IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE NINTH DAY OF MARCH, A.D. 2010.

AND I DO HEREBY FURTHER CERTIFY THE SAID "AFFECTIVE MINDBRAIN RESEARCH FOUNDATION, INC." FILED A RESTATED CERTIFICATE, CHANGING ITS NAME TO "HOPE FOR DEPRESSION RESEARCH FOUNDATION", ON THE TWENTY-FIRST DAY OF APRIL, A.D. 2006, AT 1:53 O'CLOCK P.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID CORPORATION IS A NON-PROFIT AND NON-STOCK CORPORATION.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "HOPE FOR DEPRESSION RESEARCH FOUNDATION" WAS INCORPORATED ON THE TWENTY-SECOND DAY OF MARCH, A.D. 2006.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

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100259619

You may verify this certificate online  
at [corp.delaware.gov/authvar.shtml](http://corp.delaware.gov/authvar.shtml)



  
Jeffrey W. Bullock, Secretary of State  
AUTHENTICATION: 7856862

DATE: 03-09-10

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