

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F10000001196

FILED  
Apr 23, 2012  
Secretary of State

**Entity Name:** HOPE FOR DEPRESSION RESEARCH FOUNDATION, INC.

**Current Principal Place of Business:**

667 MADISON AVENUE 2ND FLOOR  
NEW YORK, NY 100658029

**New Principal Place of Business:**

**Current Mailing Address:**

667 MADISON AVENUE  
NEW YORK, NY 100658029

**New Mailing Address:**

**FEI Number:** 20-4559210

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

EVEGREEN ADVISORS LLC  
777 S. FLAGLER DRIVE, 801-E  
WEST PALM BEACH, FL 33401 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: CDP  
Name: GRUSS, AUDREY B  
Address: 667 MADISON AVENUE 17TH FLOOR  
City-St-Zip: NEW YORK, NY 100658029

Title: DST  
Name: GROFF, GARY  
Address: 667 MADISON AVENUE 2ND FLOOR  
City-St-Zip: NEW YORK, NY 100658029

Title: D  
Name: KOENIGSBERG, HAROLD DR  
Address: 667 MADISON AVENUE 2ND FLOOR  
City-St-Zip: NEW YORK, NY 100658029

Title: D  
Name: OLDS, DAVID DR  
Address: 667 MADISON AVENUE 2ND FLOOR  
City-St-Zip: NEW YORK, NY 100658029

Title: D  
Name: ROOSE, STEVEN P DR  
Address: 667 MADISON AVENUE 2ND FLOOR  
City-St-Zip: NEW YORK, NY 100658029

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: GARY GROFF

DST

04/23/2012

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

\_\_\_\_\_  
Date