

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 28, 2002 8:00 am
Secretary of State

05-28-2002 91621 021 ****70.00

DOCUMENT # F93000003291

1. Entity Name

AMERICAN JEWISH WORLD SERVICE, INC.

Principal Place of Business

Mailing Address

**980 SIXTH AVENUE
 10TH FLOOR
 NEW YORK NY 10018
 US**

**980 SIXTH AVENUE
 10TH FLOOR
 NEW YORK NY 10018
 US**

2. Principal Place of Business

3. Mailing Address

45 West 36th Street

45 West 36th Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

New York, New York

New York, New York

Zip

Country

Zip

Country

10018

USA

10018

USA

4. FEI Number

22-2584370

Applied For

Not Applicable

5. Certificate of Status Desired ☒

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BAROVICK, RICHARD L
 2197 NW 60 ROAD
 13693 RIVOLI DRIVE
 PALM BCH GDNS FL 33410**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution. ☐

**\$5.00 May Be
 Added to Fees**

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **C** ☐ Delete
 NAME **ABRAMSON, DONALD M**
 STREET ADDRESS **220 BUSH ST, SUITE 500**
 CITY-ST-ZIP **SAN FRANCISCO CA 94104**

TITLE ☒ Change ☐ Addition
 NAME **220 Montgomery Street, Suite 500**
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **ST** ☐ Delete
 NAME **WIENER, LAWRENCE S**
 STREET ADDRESS **123 S. WILLIAMAN DR.**
 CITY-ST-ZIP **BEVERLY HILLS CA 90211**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **TT** ☐ Delete
 NAME **FRIEDMAN, MARTIN**
 STREET ADDRESS **200 EAST 33RD ST.**
 CITY-ST-ZIP **NEW YORK NY 10016**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **P** ☐ Delete
 NAME **MESSINGER, RUTH W**
 STREET ADDRESS **91 CENTRAL PARK WEST**
 CITY-ST-ZIP **NEW YORK NY 10023**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** ☐ Delete
 NAME **LAMSTEIN, JOEL**
 STREET ADDRESS **WORLD EDUCATION 210 LINCOLN STREET**
 CITY-ST-ZIP **BOSTON MA 02111**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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, trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE *[Signature]* **SIGNATURE REQUIRED** **Messinger**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/18/02 (212) 273-1634

CR2E037 (9/01)