## 2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

## DOCUMENT# F93000003291

KAMM, LINDA H

188 EAST 70TH STREET

NEW YORK, NY 10021

Name:

Address:

City-St-Zip:

FILED Nov 03, 2008 Secretary of State

Entity Name: AMERICAN JEWISH WORLD SERVICE, INC. **Current Principal Place of Business: New Principal Place of Business:** 45 W 36TH STREET NEW YORK, NY 10018 US **Current Mailing Address: New Mailing Address:** 45 W 36TH STREET NEW YORK, NY 10018 US FEI Number: 22-2584370 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X) In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Name and Address of Current Registered Agent: Name and Address of New Registered Agent: BAROVICK, RICHARD L 2197 NW 60 ROAD 13693 RIVIOLI DRIVE PALM BCH GDNS, FL 33410 US 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: RICHARD BAROVICK Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition MEIER, JIM Name: Name: 817 W END AVENUE Address: Address: City-St-Zip: NEW YORK, NY 10025 City-St-Zip: Title: Title: (X) Change ( ) Addition ( ) Delete Name: STERNOFF, NANCY S Name: GOTTESMAN, SALLY Address: 712 FIFTH AVE. 41ST FL Address: 45 WEST 36TH STREET City-St-Zip: NEW YORK, NY 10019 City-St-Zip: NEW YORK, NY 10018 Title: () Delete Title: (X) Change ( ) Addition BERNSTEIN, MARK FRIEDMAN, MARTIN Name: Name: 200 EAST 33RD STREET 45 WEST 36TH STREET Address: Address: City-St-Zip: NEW YORK, NY 10016 City-St-Zip: NEW YORK, NY 10018 Title: ( ) Delete Title: () Change () Addition Name: MESSINGER, RUTH W Name: Address: 91 CENTRAL PARK WEST Address: City-St-Zip: NEW YORK, NY 10023 City-St-Zip: Title: () Delete Title: (X) Change ( ) Addition

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

Name:

Address:

City-St-Zip:

COHEN, JONATHAN

NEW YORK, NY 10018

45 WEST 36TH

SIGNATURE: RUTH MESSINGER Ρ 11/03/2008