2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 02, 2005
Secretary of State

DOCUMENT# F93000004896

Entity Name: THE BREAST CANCER RESEARCH FOUNDATION, INC.

Current Principal Place of Business:

654 MADISON AVE
12TH FLOOR
NEW YORK, NY 10021 US

New Principal Place of Business:

Current Mailing Address:

654 MADISON AVE
12TH FLOOR
NEW YORK, NY 10021 US

New Mailing Address:

FEI Number: 13-3727250 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
110 N. MAGNOLIA ST.
TALLAHASSEE, FL 32301 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: D ( ) Delete
Name: LAUDER, EVELYN H
Address: 767 FIFTH AVE.
City-St-Zip: NEW YORK, NY 10153

Title: D ( ) Delete
Name: KRULEWITCH, DEBORAH
Address: 767 FIFTH AVE.
City-St-Zip: NEW YORK, NY 10153

Title: D ( ) Delete
Name: WAGNER, JEANETTE
Address: 767 FIFTH AVE
City-St-Zip: NEW YORK, NY 10153

Title: P ( ) Delete
Name: BIBLOWIT, MYRA
Address: 654 MADISON AVE
City-St-Zip: NEW YORK, NY 10021

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: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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.

SIGNATURE: MYRA BIBLOWIT P 02/02/2005

Electronic Signature of Signing Officer or Director — Date