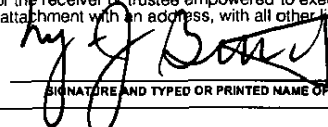


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 13, 2006 8:00 am
Secretary of State

02-13-2006 90007 013 ****61.25

DOCUMENT # F93000004896 1. Entity Name THE BREAST CANCER RESEARCH FOUNDATION, INC.			
Principal Place of Business 654 MADISON AVE 12TH FLOOR NEW YORK, NY 10021 US		Mailing Address 654 MADISON AVE 12TH FLOOR NEW YORK, NY 10021 US	
2. Principal Place of Business 60 EAST 56 ST FLOOR 8		3. Mailing Address 60 EAST 56 ST. FLOOR 8	
Suite, Apt. #, etc. FLOOR 8		Suite, Apt. #, etc. FLOOR 8	
City & State NEW YORK NY		City & State NEW YORK NY	
Zip 10021		Zip 10021	
Country US		Country US	
4. FEI Number 13-3727250		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent THE PRENTICE-HALL CORPORATION SYSTEM, INC. 110 N. MAGNOLIA ST. TALLAHASSEE, FL 32301		7. Name and Address of New Registered Agent 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ Signature: typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)			
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing ☐ Trust Fund Contribution.	
\$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LAUDER, EVELYN H 767 FIFTH AVE. NEW YORK, NY 10153	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KRULEWITCH, DEBORAH 767 FIFTH AVE. NEW YORK, NY 10153	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WAGNER, JEANETTE 767 FIFTH AVE NEW YORK, NY 10153	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BIBLOWIT, MYRA 654 MADISON AVE NEW YORK, NY 10021	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Pres. MYRA BIBLOWIT 60 E. 56 ST. New York, NY 10022 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: 		MYRA BIBLOWIT	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date 2/1/06 Daytime Phone # 646-197-2600	