FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 26 PM 3:44

DOCUMENT # F94000000548 (7)

1. Corporation Name
RESEARCH TO PREVENT BLINDNESS, INC.

Principal Place of Business	Mailing Address
598 MADISON AVE.. 10TH FLOOR NEW YORK NY 10022-1614	598 MADISON AVE.. 10TH FLOOR NEW YORK NY 10022-1614

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/04/1994
3a. Date of Last Report: applied 1/27/94
4. FEI Number: 13-1945117 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status [X] $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

01 Name
02 Street Address (P.O. Box Number is Not Acceptable)
03
04 City FL 05 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	C	1.1 TITLE	☐ Change ☐ Addition
NAME	WASSERMAN, LEW R	1.2 NAME	
STREET ADDRESS	911 N. FOOTHILL DR.	1.3 STREET ADDRESS	
CITY-ST-ZIP	BEVERLY HILLS CA 90210	1.4 CITY-ST-ZIP	
TITLE	P	2.1 TITLE	☐ Change ☐ Addition
NAME	SHEINBERG, SIDNEY JAY	2.2 NAME	
STREET ADDRESS	100 UNIVERSAL CITY PLAZA	2.3 STREET ADDRESS	
CITY-ST-ZIP	UNIVERSAL CITY CA 91608	2.4 CITY-ST-ZIP	
TITLE	T	3.1 TITLE	☐ Change ☐ Addition
NAME	BAKER, RICHARD E	3.2 NAME	
STREET ADDRESS	100 UNIVERSAL CITY PLAZA	3.3 STREET ADDRESS	
CITY-ST-ZIP	UNIVERSAL CITY CA 91608	3.4 CITY-ST-ZIP	
TITLE	T	4.1 TITLE	☐ Change ☐ Addition
NAME	HEWITT, RICHARD G	4.2 NAME	
STREET ADDRESS	711 THIRD AVE.	4.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY 10017	4.4 CITY-ST-ZIP	
TITLE	CCEO	5.1 TITLE	T [X] Change ☐ Addition
NAME	HERBERT, GAVIN S JR.	5.2 NAME	Herbert, Gavin S. Jr.
STREET ADDRESS	2525 DUPONT DR.	5.3 STREET ADDRESS	2525 DuPont Drive
CITY-ST-ZIP	IRVINE CA 92715	5.4 CITY-ST-ZIP	Irvine, CA 92715
TITLE	T	6.1 TITLE	☐ Change ☐ Addition
NAME	KISER, ANTHONY C	6.2 NAME	
STREET ADDRESS	630 FIFTH AVE., STE. 1750	6.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY 10111	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Diane D. Swift Diane Swift, Executive Director 1/20/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date

1-800-621-0026 or (212)752-4333
Daytime Phone #

00787Y4