NONPROFIT CORPORATION ANNUAL REPORT

1996



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

DOCUMENT # 1. Corporation Name F9400000548 (7)

RESEARCH TO PREVENT BLINDNESS, INC.

| HESEARON TO THE VERT DESIGNATESS, 1140. | | | | | | | |
|--|---|---------------------------------------|--|---|--|---|--|
| Principal Place | of Business | Mailing Address | | | | 88(1) | |
| 645 MADISON AVE., 21ST FLOOR NEW YORK NY 10022-1010 | | | 645 MADISON AVE., 21ST FLOOR NEW YORK NY 10022-1010 | | | | |
| | | | | | 3. Date Incorporated or Qualified 02/04/1994 | 3a. Date of Last Report 01/26/1995 | |
| 2. Principal Place of Business 2a. Ma 21 26 | | 2a. Mailing Address 26 | ¬ | | 4. FEI Number 13-1945117 | Applied For Not Applicable | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 5. Certificate of Status Desired | \$8.75 Additional Fee Required | | |
| City & State | | City & State | | Election Campaign Financing Trust Fund Contribution | S \$5.00 May Be Added to Fees | | |
| Zip 24 | Country Zip Co 25 29 30 9. Name and Address of Current Registered Agent | | Country 30 | γ | This corporation has liability for intangible tax under s. 199.032, Florida Statutes | | |
| | 9. Name and Address of Current | t Hegistered Agent | 81 | Name | 10. Name and Address of New F | legistered Agent | |
| CT COD | DODATION EVETEM | | [" | Iname | | | |
| CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD | | | 82 | Street | Address (P.O. Box Number is Not Acceptab | ole) | |
| PLANTAT | | 83 | | | | | |
| I Daily | MON 1 E 00024 | | | | | | |
| | | | 84 | City | | FI 85 Zip Code | |
| 11. Pursuant t | to the provisions of Sections 617,0502 | and 617.1508, Florida Statute | s, the above | named co | orporation submits this statement for the pu | rpose of changing its registered office | |
| or register | ed agent, or both, in the State of Florid th, and accept the obligations of, Section | ia. Such change was authorize | d by the corp | ooration's | board of directors. I hereby accept the app | ointment as registered agent. I am | |
| SIGNATURE | | | | | | | |
| | Signature, typed or printed name of registered agent | and title flapplicable (NOT | E: Registered Age | nt signature re | equired when reinstating) | DATE | |
| 12. | OFFICERS AND | | 13. | | ADDITIONS/CHANGES TO OFF | ICERS AND DIRECTORS IN 12 | |
| TETLE | C | DELETE | 1.1 TITLE | | | Change | |
| NAME | WASSERMAN, LEW R | | 1.2 NAME | | | | |
| STREET ADDRESS | 911 N. FOOTHILL DR. | | 1.3 STREET ADDRESS | | | | |
| CITY-SI-ZIP | | | 1.4 CITY- | ST-ZIP | | | |
| TITLE | SHEINBERG, SIDNEY JAY | XX DELETE | 2 1 TITLE | | T | Change Addition | |
| NAME CARGET ADORSES | 400 LINESCOCKE CITY DEATA | | 2 2 NAMÉ | | Sheinberg, Sidney Jay | 7 | |
| STREET ADORESS | LIMITETOCAL CITY CA DACCO | | | T ADDRESS | The Bubble Factory Universal City, CA | Bldg. 105-01 | |
| CITY-SI-ZIP TITLE | T | DELETE 3.11 | | ST - ZIP | oniversal city, ca | 01608 ☐ Change ☐ Addition | |
| NAME | BAKER, RICHARD E | L. Decerte | 3.2 NAME | | | | |
| STREET ADDRESS | 100 UNIVERSAL CITY PLAZA | | | T ADDRESS | | | |
| CITY-SI-ZIP | UNIVERSAL CITY CA 91608 | | 3.4. CITY - | | | | |
| TITLE | T | DELETE | 4.1 TITLE | O. E. | | Change Addition | |
| NAME | HEWITT, RICHARD G | | 4 2 NAME | | | | |
| STREET ADDRESS | 711 THIRD AVE. | | 4.3 STREE | T ADDRESS | | | |
| CITY-ST-ZIP | NEW YORK NY 10017 | | 4.4 CITY- | | | | |
| TITLE | T | ₩ DELETE | 5 1 TH LE | | Т | Change Addition | |
| NAME | HERBERT, GAVIN S JR | | 5.2 NAME | | Herbert, Gavin S. Jr. | I | |
| STREET ADDRESS | 2525 DUPONT DR. | | 5 3 STREE | T ADDRESS | 2525 Dupont Dr. | | |
| CITY - ST - ZIP | IRVINE CA | | 5.4 CITY- | ST-ZIP | Irvine, CA 92715 | | |
| TITLE | T | DELETE | 61 TITLE | | | ☐ Change ☐ Addition | |
| NAME | KISER, ANTHONY C | | 62 NAME | | | l | |
| STREET ADDRESS | 630 FIFTH AVE., STE. 1750 | | 63 STREE | T ADDRESS | | | |
| CHTY+ST-ZIP | NEW YORK NY 10111 | | 6.4 CiTY- | | | | |
| 14 LOO BOYON | u zwenov tpot tpo iotoropoboo empoliod u | urra vrad turbo vo voluntovilu fuvnir | shool and doc | ~ ~~+ ~ | unti tou the exemption stated in Pastina 440 | | |

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)(k), Florida Statutes. I further certify that the information indicated on this annual report or suppliemental 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.

1-800-621-0026 or 1-800-621-0026 or

SIGNATURE: 2 YPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Diane Swift, Executive Director /25.76(212)752-4333