

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # **F94000000548 (7)**

1. Corporation Name

**RESEARCH-TO-PREVENT BLINDNESS, INC.**

Principal Place of Business

Mailing Address

**645 MADISON AVE., 21ST FLOOR  
NEW YORK NY 10022-1010**

**645 MADISON AVE., 21ST FLOOR  
NEW YORK NY 10022-1010**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

**02/04/1994**

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. Is this nonprofit corporation a homeowners association?

☐ Yes

☐ No

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30.

☐ Yes

☐ No

10. Name and Address of New Registered Agent

**CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL**

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **C**  
WASSERMAN, LEW R  
STREET ADDRESS **911 N. FOOTHILL DR.**  
CITY-ST-ZIP **BEVERLY HILLS CA 90210**

TITLE ☐ DELETE

NAME **T**  
SHEINBERG, SIDNEY JAY  
STREET ADDRESS **THE BUBBLE FACTORY BLDG. 105-01**  
CITY-ST-ZIP **UNIVERSAL CITY CA**

TITLE ☐ DELETE

NAME **T**  
BAKER, RICHARD E  
STREET ADDRESS **100 UNIVERSAL CITY PLAZA**  
CITY-ST-ZIP **UNIVERSAL CITY CA 91608**

TITLE ☐ DELETE

NAME **T**  
HEWITT, RICHARD G  
STREET ADDRESS **711 THIRD AVE.**  
CITY-ST-ZIP **NEW YORK NY 10017**

TITLE ☐ DELETE

NAME **T**  
GAVIN, S JR  
STREET ADDRESS **2525 DUPONT DR.**  
CITY-ST-ZIP **IRVINE CA**

TITLE ☐ DELETE

NAME **T**  
KISER, ANTHONY C  
STREET ADDRESS **630 FIFTH AVE., STE. 1750**  
CITY-ST-ZIP **NEW YORK NY 10111**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE **Tr** ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE **Tr** ☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE **Tr** ☒ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE **Tr** ☒ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE **Tr** ☒ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing 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, trustee, or empowered to execute this report as required by Chapter 119, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **DIANE S. SWIFT TREAS.** 1/9/98 212-752 4333

FILED  
Jan 29 1998 8:00am  
Secretary of State



CR2E037 (10/97)