

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 27, 1999 8:00 am
Secretary of State

02-27-1999 90035 013 ****70.00

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1. Corporation Name

RESEARCH TO PREVENT BLINDNESS, INC.

Principal Place of Business

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

Mailing Address

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



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

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

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

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

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

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

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

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

TITLE **T** ☐ DELETE
NAME **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 **C** ☐ Change ☒ Addition
1.2 NAME **Weeks, David F.**
1.3 STREET ADDRESS **4058 N.W. Northcliff**
1.4 CITY-ST-ZIP **Bend, OR 97701**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ 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 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
President

Diane S. Swift 1/21/99 (212)752-4333

Date

Daytime Phone #

CR2E037 (1/98)