## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F94000000548

FILED Feb 19, 2009 Secretary of State

Entity Name: RESEARCH TO PREVENT BLINDNESS, INC.

**Current Principal Place of Business: New Principal Place of Business:** 645 MADISON AVE., 21ST FLOOR NEW YORK, NY 100221010 US **Current Mailing Address: New Mailing Address:** 645 MADISON AVE., 21ST FLOOR 645 MADISON AVE., 21ST FLOOR NEW YORK, NY 100221010 NEW YORK, NY 100221010 US FEI Number: 13-1945117 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 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. SIGNATURE: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: (X) Change ( ) Addition () Delete WEEKS, DAVID F WEEKS, DAVID F Name: Name: 4058 NW MORTHCLIFF Address: 4058 NW NORTHCLIFF Address: City-St-Zip: BEND, OR 97701 City-St-Zip: BEND, OR 97701 Title: () Delete Title: () Change () Addition SHEINBERG, SIDNEY JAY Name: Name: Address: BUBBLE FACTORY/ 8840 WILSHIRE BLVD. Address: City-St-Zip: UNIVERSAL CITY, CA 90211 City-St-Zip: Title: () Delete Title: () Change () Addition BAKER, RICHARD E Name: Name: 220 SOUTH VALLEY ST. Address: Address: City-St-Zip: BURBANK, CA 91505 City-St-Zip: Title: ( ) Delete Title: (X) Change ( ) Addition Name: HEWITT, RICHARD G Name: STEIN, JEAN 10 GRACIE SQUARE Address: 711 THIRD AVE. Address: City-St-Zip: NEW YORK, NY 10017 City-St-Zip: NEW YORK, NY 10028 Title: () Delete Title: () Change () Addition SWIFT, DIANE S Name: Name: 645 MADISON AVENUE Address: Address: City-St-Zip: NEW YORK, NY 10022 City-St-Zip: Title: () Delete Title: () Change () Addition SIEGEL, HERBERT J Name: Name: Address: NEWS AMERICA, INC., 767 5TH AVENUE Address: NEW YORK, NY 10153 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES V. ROMANO, PH.D. COO 02/19/2009