

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F94000000548

FILED
Jun 17, 2011
Secretary of State

Entity Name: RESEARCH TO PREVENT BLINDNESS, INC.

Current Principal Place of Business:

645 MADISON AVE., 21ST FLOOR
NEW YORK, NY 100221010 US

New Principal Place of Business:

Current Mailing Address:

645 MADISON AVE., 21ST FLOOR
NEW YORK, NY 100221010 US

New Mailing Address:

FEI Number: 13-1945117

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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:

Title: C
Name: WEEKS, DAVID F
Address: 4058 NW NORTHCLIFF
City-St-Zip: BEND, OR 97701

Title: T
Name: SHEINBERG, SIDNEY JAY
Address: BUBBLE FACTORY/ 8840 WILSHIRE BLVD.
City-St-Zip: UNIVERSAL CITY, CA 90211

Title: T
Name: BAKER, RICHARD E
Address: 220 SOUTH VALLEY ST.
City-St-Zip: BURBANK, CA 91505

Title: T
Name: STEIN, JEAN
Address: 10 GRACIE SQUARE
City-St-Zip: NEW YORK, NY 10028

Title: T
Name: SWIFT, DIANE S
Address: 645 MADISON AVENUE
City-St-Zip: NEW YORK, NY 10022

Title: T
Name: SIEGEL, HERBERT J
Address: NEWS AMERICA, INC., 767 5TH AVENUE
City-St-Zip: NEW YORK, NY 10153

I hereby 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 all other like empowered.

SIGNATURE: DAVID WEEKS

T

06/17/2011

Electronic Signature of Signing Officer or Director

Date