

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

**CORPORATION  
ANNUAL REPORT  
1995**



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

**FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS**

95 JUN 14 AM 9:25

**DOCUMENT # F94000001923 (1)**

1. Corporation Name

**THE AMERICAN ASSOCIATION FOR THE PREVENTION OF  
CRUELTY TO ANIMALS, INC.**

Principal Place of Business

Mailing Address

424 EAST 92ND STREET  
NEW YORK NY 10128

424 EAST 92ND STREET  
NEW YORK NY 10128

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **04/13/1994** 3a. Date of Last Report **12-31-94**  
4. FEI Number **13-1623829** Applied For   
Not Applicable

2. Principal Place of Business 2a. Mailing Address  
21. Suite, Apt. #, etc. 26. Suite, Apt. #, etc.  
22. City & State 27. City & State  
23. Zip 28. Zip  
24. Country 25. Country 29. Country 30. Country

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. Nonprofit with IRS 501(c)(3) Tax Exempt Status  **\$68.75 Supplemental Fee Not Required**  
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**C T 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 607.0502 and 607.1508, 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 607.0505, 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	P
NAME	CARAS, ROGER
STREET ADDRESS	424 EAST 92ND STREET
CITY - ST - ZIP	NEW YORK NY 10128
TITLE	SRV
NAME	FINKELSTEIN, HAROLD
STREET ADDRESS	424 EAST 92ND STREET
CITY - ST - ZIP	NEW YORK NY 10128
TITLE	SRV
NAME	ZAWISTOWSKI, STEPHEN PHD
STREET ADDRESS	424 EAST 92ND STREET
CITY - ST - ZIP	NEW YORK NY 10128
TITLE	D
NAME	ANDREWS, EDWIN J
STREET ADDRESS	3800 SPRUCE STREET
CITY - ST - ZIP	PHILADELPHIA PA 19104-6044
TITLE	D
NAME	ARONSON, STEVEN M
STREET ADDRESS	16 EAST 72ND STREET
CITY - ST - ZIP	NEW YORK NY 10021
TITLE	D
NAME	BARRON, DAVID H
STREET ADDRESS	7414 BEN FRANKLIN STATION
CITY - ST - ZIP	WASHINGTON DC 20044

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
21 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	Stephen Eudeue
23 STREET ADDRESS	424 E 92nd St.
24 CITY - ST - ZIP	New York, N.Y. 10128
31 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	John Foran
33 STREET ADDRESS	424 E 92nd St.
34 CITY - ST - ZIP	New York, N.Y. 10128
41 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	Steven M. Elkhan
43 STREET ADDRESS	424 E. 92nd St.
44 CITY - ST - ZIP	New York, N.Y. 10128
51 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	Thomas Mc Carter
53 STREET ADDRESS	424 E. 92nd St.
54 CITY - ST - ZIP	New York, N.Y. 10128
61 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	James Stebbins
63 STREET ADDRESS	424 E. 92nd St.
64 CITY - ST - ZIP	New York, N.Y. 10128

14. 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)(b), 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.

SIGNATURE: *Stephen Eudeue*  
SIGNATURE AND TYPED OR PRINTED NAME OF CURRENT OFFICER OR DIRECTOR  
**Stephen Eudeue**

5/28/95 (12) 876-7700  
DATE (Typed Name)