

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**  
**May 10, 1999 8:00 am**  
**Secretary of State**

05-10-1999 90290 046 \*\*\*\*61.25

DOCUMENT # **F94000001923**

1. Corporation Name

**THE AMERICAN SOCIETY FOR THE PREVENTION OF CRUEL-  
TY TO ANIMALS, INC.**

Principal Place of Business

**424 EAST 92ND STREET  
NEW YORK NY 10128**

Mailing Address

**424 EAST 92ND STREET  
NEW YORK NY 10128**



2. Principal Place of Business

**21**  
Suite, Apt. #, etc.

**23**  
City & State

**24**  
Zip

**25**  
Country

2a. Mailing Address

**26**  
Suite, Apt. #, etc.

**28**  
City & State

**29**  
Zip

**30**  
Country

3. Date Incorporated or Qualified

**04/13/1994**

4. FEI Number

**13-1623829**

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

**C T 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	<b>P</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>CARAS, ROGER</b>	
STREET ADDRESS	<b>424 EAST 92ND STREET</b>	
CITY-ST-ZIP	<b>NEW YORK NY 10128</b>	
TITLE	<b>VCFO</b>	<input type="checkbox"/> DELETE
NAME	<b>EUDENE, STEPHEN</b>	
STREET ADDRESS	<b>424 EAST 92ND STREET</b>	
CITY-ST-ZIP	<b>NEW YORK NY</b>	
TITLE	<b>V</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>SHAW, ANTHONY E</b>	
STREET ADDRESS	<b>424 EAST 92ND STREET</b>	
CITY-ST-ZIP	<b>NEW YORK NY 10128</b>	
TITLE	<b>DTC</b>	<input type="checkbox"/> DELETE
NAME	<b>ELKMAN, STEVE M</b>	
STREET ADDRESS	<b>424 E 92ND ST</b>	
CITY-ST-ZIP	<b>NEW YORK NY</b>	
TITLE	<b>DS</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>OLIPHANT, TATYANA</b>	
STREET ADDRESS	<b>424 EAST 92ND STREET</b>	
CITY-ST-ZIP	<b>NEW YORK NY 10128</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>STEBBINS, JAMES</b>	
STREET ADDRESS	<b>424 E 92ND ST</b>	
CITY-ST-ZIP	<b>NEW YORK NY</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>P</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>LARRY M. HAWK</b>	
1.3 STREET ADDRESS	<b>424 EAST 92ND STREET</b>	
1.4 CITY-ST-ZIP	<b>NEW YORK, NY 10128</b>	
2.1 TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP	<b>10128</b>	
3.1 TITLE	<b>V</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>STEPHEN J. MUSSO</b>	
3.3 STREET ADDRESS	<b>424 E. 92ND STREET</b>	
3.4 CITY-ST-ZIP	<b>NEW YORK NY 10128</b>	
4.1 TITLE	<b>D/C</b>	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition (Title) (Zip)
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP	<b>10128</b>	
5.1 TITLE	<b>D/S</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	<b>WENDY H. CARHART</b>	
5.3 STREET ADDRESS	<b>424 E. 92ND STREET</b>	
5.4 CITY-ST-ZIP	<b>NEW YORK NY 10128</b>	
6.1 TITLE	<b>D/T</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	<b>JAMES GERARD</b>	
6.3 STREET ADDRESS	<b>424 E. 92ND STREET</b>	
6.4 CITY-ST-ZIP	<b>NEW YORK NY 10128</b>	

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

Date

Daytime Phone #

*Stephanie* 5/10/99 (212) 876-7700

CR2E037 (11/98)

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