

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F94000001923

FILED
Apr 30, 2010
Secretary of State

Entity Name: THE AMERICAN SOCIETY FOR THE PREVENTION OF CRUELTY TO ANIMALS, INC.

Current Principal Place of Business:

424 EAST 92ND STREET
NEW YORK, NY 10128

New Principal Place of Business:

Current Mailing Address:

520 8TH AVENUE
7TH FLOOR
NEW YORK, NY 10018

New Mailing Address:

424 EAST 92ND STREET
NEW YORK, NY 10128

FEI Number: 13-1623829

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T 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: P
Name: SAYRES, EDWIN J
Address: 424 EAST 92ND STREET
City-St-Zip: NEW YORK, NY 10128

Title: CFO
Name: NELSON, JULIA
Address: 424 EAST 92ND STREET
City-St-Zip: NEW YORK, NY

Title: V
Name: MUSSO, STEPHEN J
Address: 424 EAST 92ND STREET
City-St-Zip: NEW YORK, NY 10128

Title: DC
Name: PERELMAN, MARSHA R
Address: 424 E 92ND ST
City-St-Zip: NEW YORK, NY

Title: DS
Name: SPOONER, SALLY
Address: 424 EAST 92ND STREET
City-St-Zip: NEW YORK, NY 10128

Title: DT
Name: MAISANO, FRANKLIN
Address: 424 E 92ND ST
City-St-Zip: NEW YORK, NY 10128

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: SUSIE MCCLAIN C/O COPILEVITZ & CANTER

AGT

04/30/2010

Electronic Signature of Signing Officer or Director

_____ Date