

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 21, 2003 8:00 am
Secretary of State

01-21-2003 90157 007 ****61.25

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1. Entity Name

THE AMERICAN SOCIETY 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**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **13-1623829**

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE Delete
NAME **P HAWK, LARRY M**
STREET ADDRESS **424 EAST 92ND STREET**
CITY-ST-ZIP **NEW YORK NY 10128**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME **VCFO EUDENE, STEPHEN**
STREET ADDRESS **424 EAST 92ND STREET**
CITY-ST-ZIP **NEW YORK NY**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME **V MUSSO, STEPHEN J**
STREET ADDRESS **424 EAST 92ND STREET**
CITY-ST-ZIP **NEW YORK NY 10128**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME **DC ELKMAN, STEVEN M**
STREET ADDRESS **424 E 92ND ST**
CITY-ST-ZIP **NEW YORK NY**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME **DS CARHART, WENDY H**
STREET ADDRESS **424 EAST 92ND STREET**
CITY-ST-ZIP **NEW YORK NY 10128**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME **DT GERARD, JAMES**
STREET ADDRESS **424 E 92ND ST**
CITY-ST-ZIP **NEW YORK NY**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

STEPHEN EUDENE

01/13/03 212-876-7700

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/02)