FILED

2001 UNIFORM BUSINESS REPORT (UBR)

Apr 09, 2001 8:00 am Secretary of State DOCUMENT # F95000005439 1. Entity Name 04-09-2001 90011 046 ****61.25 INTERNATIONAL RELIEF FRIENDSHIP FOUNDATION, INC. Principal Place of Business Mailing Address 177 WHITE PLAINS RD 177 WHITE PLAINS RD SOF. TARRYTOWN NY 10591 TARRYTOWN NY 10591 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 51-0200715 Not Applicable Country Country \$8.75, Additional: ____ 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) AHMED, SULTAN 1981 SW 133 AVE MIRAMAR FL 33027 Zip Code FL 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. (NOTE: Registered Agent signature required when reinstating) FILE NOW: 9. Election Campaign Financing **\$5.00** May Be Make Check Payable to Trust Fund Contribution. FEE IS \$61.25 Added to Fees **Department of State** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS TITLE TITLE ☐ Change ☐ Addition ☐ Delete KWAK, C.H. NAME NAME 548 SO. BROADWAY STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TARRYTOWN NY CITY-ST-ZIP TITLE TIT! F ☐ Change ☐ Addition Delete NAME SALONEN, NEIL A NAME STREET ADDRESS 14415 BAVER DR STREET ADDRESS -CITY-ST-ZIP ---ROCKVILLE MD -- -CITY-ST-ZIP -TITLE Delete TITLE ☐ Change ☐ Addition YOSHIDA, SHUNICHIRD NAME STREET ADDRESS 47 TAXTER RD STREET ADDRESS CITY-ST-ZIP IRVINGTON NY CITY-ST-ZIP VIC PRESIDENT ☐ Delete Addition WININGS, KATHY 177 WHITE PLAINS RD, 50F WININGS, KATHY NAME NAME STREET ADDRESS 177 WHITE PLAINS RD, 50F STREET ADDRESS TARRYTOWN, NY 10591 CITY-ST-ZIP TARRYTOWN NY 10591 CITY-ST-ZIP EYEC. DIR TITLE ☐ Delete TITLE X Addition NAME NAME JOHN GEHRING STREET ADDRESS STREFT ADDRESS 65 KINGSLAND ST CITY-ST-ZIP CITY-ST-ZIP NUTLEY , NJ TITLE Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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:

SICALOGIEUR EUROPETON SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTO

4/3/01

914-366-0558

Daytime Phone #