

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F95000005439

FILED
Apr 29, 2008
Secretary of State

Entity Name: INTERNATIONAL RELIEF FRIENDSHIP FOUNDATION, INC.

Current Principal Place of Business:

177 WHITE PLAINS RD
50F
TARRYTOWN, NY 10591

New Principal Place of Business:

Current Mailing Address:

177 WHITE PLAINS RD
50F
TARRYTOWN, NY 10591

New Mailing Address:

FEI Number: 51-0200715

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SAPP, RICHARD
923 MELBA ST.
JACKSONVILLE, FL 32205 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: T () Delete
Name: KWAK, C.H.
Address: 548 SO. BROADWAY
City-St-Zip: TARRYTOWN, NY

Title: T () Delete
Name: SALONEN, NEIL A
Address: 14415 BAUER DR
City-St-Zip: ROCKVILLE, MD

Title: T () Delete
Name: YOSHIDA, SHUNICHIRO
Address: 47 TAXTER RD
City-St-Zip: IRVINGTON, NY 10533

Title: VP () Delete
Name: WININGS, KATHY
Address: 177 WHITE PLAINS RD, 50F
City-St-Zip: TARRYTOWN, NY 10591

Title: ED () Delete
Name: TSUMAGARI, MUNENORI I
Address: 880 RT. 199
City-St-Zip: RED HOOK, NY 12571

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: KATHY WININGS

VP

04/29/2008

Electronic Signature of Signing Officer or Director

Date