


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 11, 2008 08:00 AM
Secretary of State

DOCUMENT # F98000004679 1. Entity Name RIVERSIDE RESEARCH INSTITUTE CORPORATION	
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Principal Place of Business 156 WILLIAM STREET 9TH FLOOR NEW YORK, NY 10038-2609	Mailing Address 156 WILLIAM STREET 9TH FLOOR NEW YORK, NY 10038-2609
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DO NOT WRITE IN THIS SPACE



01312008 No Chg-NP CR2E037 (4/06)

4. FEI Number 13-2593244	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25
Due by May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

U00000822060
 02/19/08-80051-019 61.25

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CTR O'NEILL, LAWRENCE H 445 RIVERSIDE DRIVE #92 NEW YORK, NY 10027
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR COYNE, VINCENT J 8489 CLARK MILLS ROAD WHITESBORO, NY 13492
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR O'MAHONY, THOMAS P 2 COLLEGE ROAD BURLINGTON, MA 01803
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S RASKIN, ROSLYN 45 WEST 60TH STREET #16A NEW YORK, NY 10023
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTR KING, MARVIN 60 EAST 8TH STREET #6B NEW YORK, NY 10003
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GREENWALD, RICHARD 5 MARA ROAD HUNTINGTON STATION, NY 11746

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Roslyn Raskin ROSLYN RASKIN 1-31-08 212 502-1725
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #