

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F98000004679

FILED
Feb 24, 2009
Secretary of State

Entity Name: RIVERSIDE RESEARCH INSTITUTE, CORPORATION

Current Principal Place of Business:

156 WILLIAM STREET
9TH FLOOR
NEW YORK, NY 100382609

New Principal Place of Business:

Current Mailing Address:

156 WILLIAM STREET
9TH FLOOR
NEW YORK, NY 100382609

New Mailing Address:

FEI Number: 13-2593244 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: CTR () Delete
Name: O'NEILL, LAWRENCE H
Address: 445 RIVERSIDE DRIVE #92
City-St-Zip: NEW YORK, NY 10027

Title: TR () Delete
Name: COYNE, VINCENT J
Address: 8489 CLARK MILLS ROAD
City-St-Zip: WHITESBORO, NY 13492

Title: TR () Delete
Name: O'MAHONY, THOMAS P
Address: 2 COLLEGE ROAD
City-St-Zip: BURLINGTON, MA 01803

Title: S () Delete
Name: RASKIN, ROSLYN
Address: 45 WEST 60TH STREET #16A
City-St-Zip: NEW YORK, NY 10023

Title: PTR () Delete
Name: KING, MARVIN
Address: 60 EAST 8TH STREET #6B
City-St-Zip: NEW YORK, NY 10003

Title: T () Delete
Name: GREENWALD, RICHARD
Address: 5 MARA ROAD
City-St-Zip: HUNTINGTON STATION, NY 11746

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: TR (X) Change () Addition
Name: PITTS, THOMAS P
Address: PO BOX 322
City-St-Zip: QUECHEE, VT 05059

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: ROSLYN RASKIN

SEC

02/24/2009

Electronic Signature of Signing Officer or Director

_____ Date