


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 07, 2005 08:00 AM
Secretary of State

DOCUMENT # F99000005037	
1. Entity Name THE JEWISH FEDERATION OF GREATER MIDDLESEX COUNTY, INC.	

Principal Place of Business 230 OLD BRIDGE TURNPIKE SOUTH RIVER, NJ 08882	Mailing Address 230 OLD BRIDGE TURNPIKE SOUTH RIVER, NJ 08882
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04042005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 22-1500549	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525

DO NOT WRITE IN THIS SPACE

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$61.25
Due by May 1, 2005**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V PASSNER, AL 3 DISBROW COURT EAST BRUNSWICK, NJ 08816
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LERNER, HENRY ONE CELLER ROAD EDISON, NJ 08817
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WOLFF, RICHARD L 82 SPRING ST METUCHEN, NJ 08840
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CANTOR, PHILIP 14 WOOD LAKE CT NORTH BRUNSWICK, NJ 08902
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

<p>04/07/05-80064-013 61.25</p> <p>DO NOT WRITE IN THIS SPACE</p>

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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] [Signature] 4/14/05 732 432-7711