## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N02000007610

FILED Mar 20, 2006 Secretary of State

Entity Name: THE SUSAN POLGAR FOUNDATION, INCORPORATED

**Current Principal Place of Business: New Principal Place of Business:** 107-23 71 ROAD, SUITE 137 103-10 QUEENS BLVD FOREST HILLS, NY 11375 1C FOREST HILLS, NY 11375 **Current Mailing Address: New Mailing Address:** 103-10 QUEENS BLVD FOREST HILLS, NY 11375 FEI Number: 37-1444375 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: TRUONG, HOAINHAN M 25 CARLSON LANE PALM COAST, FL 32164 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete (X) Change ( ) Addition POLGAR, SUSAN POLGAR, SUSAN Name: Name: 67-15 102ND STREET, (7U) Address: 107023 71ST ROAD #137 Address: City-St-Zip: FOREST HILLS, NY 11375 City-St-Zip: FOREST HILLS, NY 11375 Title: Title: (X) Change ( ) Addition ( ) Delete TRUONG, PAUL Name: TRUONG, PAUL Name: Address: 107-2371 ROAD, SUITE 137 Address: 107-23 71 ROAD, SUITE 137 City-St-Zip: FOREST HILLS, NY 11375 City-St-Zip: FOREST HILLS, NY 11375 Title: Title: (X) Change ( ) Addition ( ) Delete NIRO, FRANK NIRO, FRANK Name: Name: 103-10 QUEENS BLVD #1C 103-10 QUEENS BLVD #6G Address: Address: City-St-Zip: FOREST HILLS, NY 11375 City-St-Zip: FOREST HILLS, NY 11375 ( ) Delete Title: Title: () Change () Addition RIPKA, ALAN Name: Name: 275 MADISON AVE. Address: Address: City-St-Zip: NEW YORK, NY 10016 City-St-Zip: Title: () Delete Title: () Change () Addition COHEN, MICHAEL Name: Name: 605 THIRD AVENUE Address: Address: NEW YORK, NY 10158 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: SUSAN POLGAR P 03/20/2006