

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000007610

FILED
May 05, 2008
Secretary of State

Entity Name: THE SUSAN POLGAR FOUNDATION, INCORPORATED

Current Principal Place of Business:

103-10 QUEENS BLVD
1C
FOREST HILLS, NY 11375

New Principal Place of Business:

Current Mailing Address:

103-10 QUEENS BLVD
1C
FOREST HILLS, NY 11375

New Mailing Address:

6923 INDIANA AVENUE
#154
LUBBOCK, TX 79413

FEI Number: 37-1444375 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

TRUONG, HOAINHAN M
25 CARLSON LANE
PALM COAST, FL 32164 US

Name and Address of New Registered Agent:

TRUONG, MICHEL
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: MICHEL TRUONG

05/05/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: POLGAR, SUSAN
Address: 107-23 71ST ROAD #137
City-St-Zip: FOREST HILLS, NY 11375

Title: V () Delete
Name: TRUONG, PAUL
Address: 107-23 71 ROAD, SUITE 137
City-St-Zip: FOREST HILLS, NY 11375

Title: S () Delete
Name: NIRO, FRANK
Address: 103-10 QUEENS BLVD #1C
City-St-Zip: FOREST HILLS, NY 11375

Title: D () Delete
Name: RIPKA, ALAN
Address: 275 MADISON AVE.
City-St-Zip: NEW YORK, NY 10016

Title: D () Delete
Name: COHEN, MICHAEL
Address: 605 THIRD AVENUE
City-St-Zip: NEW YORK, NY 10158

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: POLGAR, SUSAN
Address: 6923 INDIANA AVENUE #154
City-St-Zip: LUBBOCK, TX 79413

Title: V (X) Change () Addition
Name: TRUONG, PAUL
Address: 6923 INDIANA AVENUE #154
City-St-Zip: LUBBOCK, TX 79413

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: SUSAN POLGAR

PRES

05/05/2008

Electronic Signature of Signing Officer or Director

Date