

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000001014

FILED
Aug 19, 2004
Secretary of State**Entity Name:** INSTITUTE FOR NUTRITION & BEHAVIORAL SCIENCES INC.**Current Principal Place of Business:**135 W. 20TH ST., 5TH FLOOR
NEW YORK, NY 10011**New Principal Place of Business:****Current Mailing Address:**135 W. 20TH ST., 5TH FLOOR
NEW YORK, NY 10011**New Mailing Address:****FEI Number:****FEI Number Applied For ()****FEI Number Not Applicable (X)****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**PLATKIN, CHARLES
2372 PRAIRIE AVE.
MIAMI BCH, FL 33140 US**Name and Address of New Registered Agent:**PLATKIN, CHARLES
400 ALTON ROAD
1506
MIAMI BCH, FL 33139 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: CHARLES STUART PLATKIN

08/19/2004

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:Title: D () Delete
Name: PLATKIN, CHARLES
Address: 135 W. 20TH ST., 5TH FLOOR
City-St-Zip: NEW YORK, NY 10011Title: D () Delete
Name: CLIFFORD, CAREY
Address: 135 W. 20TH ST., 5TH FLOOR
City-St-Zip: NEW YORK, NY 10011Title: D () Delete
Name: ABREU, MEREDITH
Address: 135 W. 20TH ST., 5TH FLOOR
City-St-Zip: NEW YORK, NY 10011**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**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 for the exemption stated in Section 119.07(3)(i), 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: CHARLES STUART PLATKIN

D

08/19/2004

Electronic Signature of Signing Officer or Director

Date