

2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N06000011878

FILED
Oct 15, 2007
Secretary of State

Entity Name: THE INSTITUTE FOR RESEARCH ON SOCIAL PROBLEMS, INC.

Current Principal Place of Business:

15 W 53RD ST
NEW YORK, NY 100195401

New Principal Place of Business:

10175 COLLINS AVENUE
502
BAL HARBOUR, FL 33154 US

Current Mailing Address:

15 W 53RD ST
NEW YORK, NY 100195401

New Mailing Address:

L10175 COLLINS AVENUE
502
BAL HARBOUR, FL 33154 US

FEI Number: 84-0731300 **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:

SABATINO, JAMES R
177 KANE CONCOURSE STE 102
BAY HARBOR, FL 33154 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: JAMES R. SABATINO

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: PHYLLIS, KATZ
Address: 388 ALDER LONE
City-St-Zip: BOULDER, CO 80302

Title: D () Delete
Name: ARON, KATZ
Address: 388 ALDER LONE
City-St-Zip: BOULDER, CO 80302

Title: D (X) Delete
Name: KATZ, HARRY
Address: 140 RIVERSIDE DR
City-St-Zip: NEW YORK, NY

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DR (X) Change () Addition
Name: PHYLLIS, KATZ
Address: 10175 COLLINS AVE.
City-St-Zip: BAL HARBOUR, FL 33154 US

Title: DR. (X) Change () Addition
Name: SAMUEL, ROSEN
Address: 15 W. 53 ST.
City-St-Zip: NEW YORK, NY 10019 US

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: PHYLLIS A. KATZ, PH.D.

DIR.

10/15/2007

Electronic Signature of Signing Officer or Director

Date