2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2008
Secretary of State

DOCUMENT# N17425

Entity Name: THE JAHARIS FAMILY FOUNDATION, INC.

Current Principal Place of Business:

2200 N COMMERCE PKWY
STE 300
WESTON, FL 33326 US

New Principal Place of Business:

499 PARK AVENUE, 6TH FLOOR
NEW YORK, NY 10022 US

Current Mailing Address:

C/O STEVEN K. ARONOFF, PC
499 PARK AVENUE, 6TH FLOOR
NEW YORK, NY 10022 US

New Mailing Address:

499 PARK AVENUE, 6TH FLOOR
NEW YORK, NY 10022 US

FEI Number: 59-2751110 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MUNROE, W. BRADLEY ESQUIRE
239 E. VIRGINIA STREET
TALLAHASSEE, FL 32301 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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: JAHARIS, MICHAEL
Address: 499 PARK AVENUE, 6TH FLOOR
City-St-Zip: NEW YORK, NY 10022

Title: D ( ) Delete
Name: ARONOFF, STEVEN K
Address: 499 PARK AVENUE, 6TH FLOOR
City-St-Zip: NEW YORK, NY 10022

Title: D ( ) Delete
Name: JAHARIS, STEVEN,
Address: 499 PARK AVENUE, 6TH FLOOR
City-St-Zip: NEW YORK, NY 10022

Title: PVT ( ) Delete
Name: JAHARIS, KATHRYN
Address: 499 PARK AVENUE, 6TH FLOOR
City-St-Zip: NEW YORK, NY 10022

Title: SD ( ) Delete
Name: JAHARIS, KATHRYN
Address: 499 PARK AVENUE, 6TH FLOOR
City-St-Zip: NEW YORK, NY 10022

Title: D ( ) Delete
Name: JAHARIS, MARY
Address: 499 PARK AVENUE, 6TH FLOOR
City-St-Zip: NEW YORK, NY 10022

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:

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: STEVEN K. ARONOFF D 04/16/2008

Electronic Signature of Signing Officer or Director — Date