2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N17425

FILED Apr 28, 2010 Secretary of State

Entity Name: THE JAHARIS FAMILY FOUNDATION, INC.

Current Principal Place of Business: New Principal Place of Business:

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

Current Mailing Address: 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: Name and Address of New Registered Agent:

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

Title: D

Name: JAHARIS, MICHAEL

Address: 499 PARK AVENUE, 6TH FLOOR

City-St-Zip: NEW YORK, NY 10022

Title:

Name: ARONOFF, STEVEN K

Address: 499 PARK AVENUE, 6TH FLOOR

City-St-Zip: NEW YORK, NY 10022

Title:

Name: JAHARIS, STEVEN

Address: 499 PARK AVENUE, 6TH FLOOR

City-St-Zip: NEW YORK, NY 10022

Title: PVT

Name: JAHARIS, KATHRYN

Address: 499 PARK AVENUE, 6TH FLOOR

City-St-Zip: NEW YORK, NY 10022

Title:

Name: JAHARIS, KATHRYN

Address: 499 PARK AVENUE, 6TH FLOOR

City-St-Zip: NEW YORK, NY 10022

Title: [

Name: JAHARIS, MARY

Address: 499 PARK AVENUE, 6TH FLOOR City-St-Zip: NEW YORK, NY 10022

SIGNATURE: KATHRYN JAHARIS

I hereby 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 all other like empowered.

PRES

Electronic Signature of Signing Officer or Director

04/28/2010 Date