2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2007
Secretary of State

DOCUMENT# N18460

Entity Name: IRVING AND ELEANOR JAFFE FOUNDATION, INC.

Current Principal Place of Business:

20290 FAIRWAY OAKS DRIVE
SUITE 284
BOCA RATON, FL 33434 US

New Principal Place of Business:

Current Mailing Address:

20290 FAIRWAY OAKS DRIVE
SUITE 284
BOCA RATON, FL 33434 US

New Mailing Address:

FEI Number: 59-2751352 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

JAFFE, ELEANOR L.
20290 FAIRWAY OAKS DRIVE #284
BOCA RATON, FL 33434 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: PD ( ) Delete
Name: JAFFE, IRVING,
Address: 20290 FAIRWAY OAKS DR. #284
City-St-Zip: BOCA RATON, FL

Title: STD ( ) Delete
Name: JAFFE, ELEANOR,
Address: 20290 FAIRWAY OAKS DR. #284
City-St-Zip: BOCA RATON, FL

Title: VD ( ) Delete
Name: JAFFE, JACK
Address: 1260 TWIN SISTER ROAD
City-St-Zip: NEDERLAND, CO 80466

Title: D ( ) Delete
Name: REYNOLDS, JOYCE JAFFE
Address: 1257 MARTIN AVENUE
City-St-Zip: PALO ALTO, CA 94301

Title: D ( ) Delete
Name: JAFFE TAKEL, SUSAN
Address: 5 BROOK LANE
City-St-Zip: BROOKVILLE, NY 11545

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: VD (X) Change ( ) Addition
Name: JAFFE, JACK
Address: 1181 PINTAIL CIRCLE
City-St-Zip: BOULDER, CO 80303

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change ( ) Addition
Name: JAFFE TAXEL, SUSAN
Address: 5 BROOK LANE
City-St-Zip: BROOKVILLE, NY 11545

I hereby certify that the information supplied with this filing does not qualify for the 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: E.L.JAFFE (ELEANOR JAFFE) STD 04/19/2007

Electronic Signature of Signing Officer or Director — Date