

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N20289

FILED
Mar 06, 2006
Secretary of State

Entity Name: INTERNATIONAL ASSOCIATION FOR RESEARCH ON EPSTEIN-BARR VIRUS AND ASSOCIATED DISEASES, INC.

Current Principal Place of Business:

C/O NANCY RAAB-TRAUB
325 LINEBERGER CB #7295
CHAPEL HILL, NC 275997295 US

New Principal Place of Business:

Current Mailing Address:

C/O NANCY RAAB-TRAUB
325 LINEBERGER CB #7295
CHAPEL HILL, NC 275997295 US

New Mailing Address:

FEI Number: 59-2821283 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

LAU, RAYMOND Y.
10900 ROOSEVELT BLVD. NORTH
ST. PETERSBURG, FL 33716 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: P () Delete
Name: WANG, FRED
Address: 181 LONGWOOD AVE
City-St-Zip: BOSTON, MA 02467

Title: V () Delete
Name: ZENG, YI-XIN
Address: 651 DONG FEN RD
City-St-Zip: GUANGZHOU, GD 5100060 CH

Title: S () Delete
Name: SCULLEY, TOM
Address: 300 HERSTON RD
City-St-Zip: BRISBANE, Q 4029 AU

Title: T () Delete
Name: RAAB-TRAUB, NANCY
Address: UNIVERSITY IF NC AT CHAPEL HILL
City-St-Zip: CHAPEL HILL, NC 275997295 US

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:

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: NANCY RAAB-TRAUB

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03/06/2006

Electronic Signature of Signing Officer or Director

Date