

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N32232

FILED
Apr 30, 2004
Secretary of State**Entity Name:** THE ELSIE AND MARVIN DEKELBOUM FOUNDATION, INC.**Current Principal Place of Business:**2770 S. OCEAN BLVD.
APT 502 SOUTH
PALM BEACH, FL 33480**New Principal Place of Business:****Current Mailing Address:**%STEVEN H. ORAM
4600 N. PARK AVE., PLAZA SOUTH
CHEVY CHASE, MD 208157513**New Mailing Address:****FEI Number:** 65-0121068**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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:** DVP () Delete
Name: HARTSTEIN, GAIL
Address: 5101 CORAL COVE CT.
City-St-Zip: PLANO, TX 75093**Title:** DP () Delete
Name: DEKELBOUM, ELSIE,
Address: 2770 S. OCEAN BLVD., #502 SOUTH
City-St-Zip: PALM BEACH, FL 33480**Title:** DVP () Delete
Name: KAPLAN, NEIL S
Address: 3802 NE 207TH ST., #1004
City-St-Zip: AVENTURA, FL 33180**Title:** DVP () Delete
Name: HUGHES, MARK
Address: 7904 RIVER FALLS DR.
City-St-Zip: POTOMAC, MD 20854**Title:** DS () Delete
Name: ORAM, STEVEN H
Address: 4600 N. PARK AVE., PLAZA SOUTH
City-St-Zip: GLEN ECHO, MD 208127513**Title:** TD () Delete
Name: KAE LIN, BRUNO A III
Address: 11140 ROCKVILLE PIKE, 3RD FLOOR
City-St-Zip: ROCKVILLE, MD 20852**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:** DS (X) Change () Addition
Name: ORAM, STEVEN H
Address: 4600 N. PARK AVE., PLAZA SOUTH
City-St-Zip: CHEVY CHASE, MD 20815**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 Section 119.07(3)(i), 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: BRUNO A KAE LIN III

TD

04/30/2004

Electronic Signature of Signing Officer or Director

Date