

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N32232

FILED
Jan 06, 2006
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:

4600 N. PARK AVE., PLAZA SOUTH
CHEVY CHASE, MD 208157513

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 (X) 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: CHEVY CHASE, MD 20815

Title: TD (X) 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: DP (X) Change () Addition
Name: HARTSTEIN, GAIL
Address: 5101 CORAL COVE CT.
City-St-Zip: PLANO, TX 75093

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

Title: DT (X) Change () Addition
Name: KAPLAN, NEIL S
Address: 7272 WISCONSIN AVENUE, FOURTH FLOOR
City-St-Zip: BETHESDA, MD 208143206

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: STEVEN H. ORAM

DS

01/06/2006

Electronic Signature of Signing Officer or Director

Date