

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N41887

FILED  
Feb 16, 2010  
Secretary of State

**Entity Name:** THE BUONICONTI FUND TO CURE PARALYSIS, INC.

**Current Principal Place of Business:**

1095 NW 14 TERRACE  
2-47  
MIAMI, FL 33136

**New Principal Place of Business:**

**Current Mailing Address:**

1095 NW 14 TERRACE  
2-47  
MIAMI, FL 33136

**New Mailing Address:**

1095 NW 14 TERRACE  
2-47  
MIAMI, FL 331361060 US

**FEI Number:** 65-0244316

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

RAATTAMA, HENRY H JR  
200 SOUTH BISCAYNE BLVD.  
STE. 4500  
MIAMI, FL 33131 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: C  
Name: SCHNEDIER, JOHN A  
Address: 711 FIFTH AVENUE, 9TH FLOOR  
City-St-Zip: NEW YORK, NY 10022

Title: ATAS  
Name: BERNING, DIANA C  
Address: 1095 NW 14 TERRACE  
City-St-Zip: MIAMI, FL 33136

Title: D  
Name: SAYFIE, SUZANNE  
Address: 1095 NW 14 TERRACE  
City-St-Zip: MIAMI, FL 33136

Title: S  
Name: ALDRICH, RICHARD S JR  
Address: 4 TIMES SQUARE  
City-St-Zip: NEW YORK, NY 10036

Title: P  
Name: BUONICONTI, MARC  
Address: 10 EDGEWATER DR, 9-H  
City-St-Zip: CORAL GABLES, FL 331332314

Title: VC  
Name: DALTON, MARK F  
Address: 595 STEWART AVE STE 520  
City-St-Zip: GARDEN CITY, NY 11530

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.

SIGNATURE: DIANA C. BERNING

ATAS

02/16/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date