2007 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

FILED May 29, 2007 8:00 am Secretary of State 05-29-2007 90043 036 ****61.25

1. Entity Nam	MENT # N43389 and trust, Inc.							
Principal Place of Business 505 SOUTH FLAGLER DRIVE POST OFFICE BOX 1060 BOYNTON BEACH, FL 33425-8060		Mailing Address C/O JOHN C. RANDOLPH P.O. BOX 3475 W PALM BCH, FL 33402-475 US		4011831				
2. Principal Place of Business - No P.O Box # c/o David Rathbun		3. Mailing Address c/o Ziff Brothers Investments, L.L.C. Attn: Spencer Lehv, Family Counsel				1 1		
Suite, Apt. #, etc. P.O. Box 1060		Suite, Apt. #, etc. 350 Park Avenue, 11th Floor		05152007 Chg-NP CR2E037 (12/06)				
City & State Boynton Beach, Florida		City & State New York, New York			4. FEI Number 65-0274856			oplied For of Applicable
Zip 3342	5 Country	Zip 10022	Country		5. Certificate of State	us Desired	S8.75 Add Fee Require	
	6. Name and Address of Current	Registered Agent	N/-		7. Name and Addre	ss of New R	legistered Agent	
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301				Name Street Address (P.O. Box Number is Not Acceptable)				
.*				City FL Zip Code				
	named entity submits this statement for tions of registered agent.	or the purpose of changing its	registered of	fice or regis	stered agent, or both, in th	e State of Flo	orida. I am familiar with,	and accept
SIGNATURE .	Stgnature, typed or printed name of registered agen	and tille diagnoscable (NOTI						
		and men approache: (10)	E: Registered Agen	nt signature requ	ured when reinslating)		DATE	
D	Filing Fee is \$61.25 ue by September 14, 2007	9. Election Car Trust Fund C	npaign Financ		\$5.00 May Be Added to Fees		DATE lake check payable to	
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	ue by September 14, 2007	9. Election Car Trust Fund (npaign Financ Contribution.	cing	\$5.00 May Be Added to Fees	Flor STO OFFICE S Investm 11th Flo	lake check payable to ida Department of Star RS AND DIRECTORS IN Change	tate
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Interestly certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or suppliemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

Dav

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

David Rathbun