		A	INUAL	RE	CORPORA		-	Fah 1	FILE	
THE COOPER FAMILY FOUNDATION, INC. Integrat Pace of Buildness DW 34111951, SUITE 18.8-8 SDW 34111951, SUITE 18.8-8 DO NOT WRITE IN THIS SPACE Integration of Buildness OD NOT WRITE IN THIS SPACE Integration of Buildness of Current Registered Agent A. Rame and Address of Current Registered Agent Integration of Current Registered Agent The advone names circly starting this statement for the purpose of changing its registered Agent, or tobb, in the State of Portial. 1 am formitar with the obligations of registered agent. Inter Find Cycler Market OCT Inter Find Cycler Advolution S5.00 May to Acdvolution Press (Advolution Press) Inter Find Cycler Advolu	ENT	# N50)382							
0 # 34TH ST, SUITE 18-8-8 NEW VORK, NY 10001 SUI 34TH ST, SUITE 18-8-8 NEW VORK, NY 10001 DO NOT WRITE IN THIS SPACE Image: Suite State Sta	ER FAN	MILY FO	DUNDATK	on, inc	2.			5	ci ciai y	
EW YORK, NY 10001 NEW YORK, NY 10001 DO NOT WRITE IN THIS SPACE Image: Constraint of the constrai					•	8				
01032005 No Chg-NP CR2E037 (19/03) 0. Nome and Address of Current Registered Agent 4. FE Number 4. The RANDO A 95-0354458 1/2 Contributer of Satura Desired 98,75 Ad 1/2 Contributer of Satura Desired Agent DO NOT WRITE 1/2 Contributer of Tegetore of Current Registered Agent DO NOT WRITE 1/2 Contributer of Tegetore of Current Registered Agent DO NOT WRITE 1/2 Contributer of Tegetore of Current Registered Agent DO NOT WRITE 1/2 Contributer of Tegetore of Tegetore of Current Registered Agent Ag	10001			NEW	YORK, NY 10001	0	 	rs mitter mutmak sijuit forsoo	litti azmin yennit minen min	ff Månder mannaerne må tilla
DO NOT WRITE IN THIS SPACE 4. FEI Number A 4. FEI Number 4. FEI Number A 5. Centricate of Status Dealed \$8.75 Ad AART, DAVID A S. Centricate of Status Dealed \$8.75 Ad COS NUTTS & BOWEN BOO NOT WRITE SO DO NOT WRITE SO AUSTRALIAN AVE, S., SUITE 500 DO NOT WRITE in THIS SPACE The above named entity advints this subment for the purpose of changing its registered office or registered agent, or both, in the State of Florida. T am familiar with the obligations of registered agent, or both, in the State of Florida. T am familiar with the obligations of registered agent. DOT GMATURE State of provide agent agent agent agent agent register registered agent, or both, in the State of Florida. T am familiar with the obligations of registered agent. DOT GMATURE State of provide agent agent agent agents register registered agent, or both, in the State of Florida. T am familiar with the obligations of registered agent. DOT MATURE State of provide agent agent agent registered agent, or both, in the State of Florida. T am familiar with the obligations of registered agent. DOT MATURE State of provide agent agent agent registered agent. DOT MATURE D. DOT DOT MATURE D. DOT DOT ME D. <td></td> <td></td> <td></td> <td>·</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>				·						
6. Name and Address of Current Registered Agent 6. Certificate of Status Desired 6. Status Desired 6. Certificate of Status Desired 6. Certificate of Status Desired 76,75,72 77,75,72 77,75,72 1	: • • • •					.	01032005	No Chg-NP	CR2E037 (10/03)
Certificate of Status Dealer DO NOT WRITE IN THIS SPACE Status Dealer Status Dealer DO NOT WRITE IN THIS SPACE Status Dealer Status Dealer Status Dealer Status Dealer Status Dealer Status Dealer DO NOT WRITE IN THIS SPACE Status Dealer Status Dealer Status Dealer IN THIS SPACE Status Dealer) NC	OI V	VHIL	: IN	THIS SPA	CE				Applied Fo
A Name and Address of Dument Registered Agent ART, DAVID A ZO SHUTTS & BOWEN DO NOT WRITE IN THIS SPACE DO NOT WRITE IN THIS SPACE DO NOT WRITE IN THIS SPACE DO NOT WRITE DO NOT WRITE DO NOT WRITE DO OFFICERS AND DIRECTORS OFFICERS ONOT WRITE ONOT OFFICERS AND DIRECTORS OFFICERS ONOT WRITE ONOT OFFICERS OOFFICERS OOFF										Not Applic 75 Additional
CONTROL WITTE & BOWEN IN THIS SPACE So AUSTRALIAN AVE., S., SUITE 500 IN THIS SPACE The above named endly submits this statement for the purpose of changing its registered office or registered agent, or both. In the State of Porlda. Tan familiar with the obligations of registered agent. This State of Porlda. Tan familiar with the obligations of registered agent, or both. In the State of Porlda. Tan familiar with the obligations of registered agent. IGNATURE Briting Fee is \$61.25 IN Efficience Campaign Financing \$5.00 May Ee Due by May 1, 2005 I. Election Campaign Financing \$5.00 May Ee Due by May 1, 2005 I. Election Campaign Financing \$5.00 May Ee Due by May 1, 2005 I. Election Campaign Financing \$5.00 May Ee Due by May 1, 2005 I. Election Campaign Financing \$5.00 May Ee Due by May 1, 2005 I. Election Campaign Financing \$5.00 May Ee Due by May 1, 2005 I. Election Campaign Financing I. Election Campaign Financing I. Election Campaign Financing Due by May 1, 2005 De FINARY I. Election Campaign Financing I. Election Campaign Financing I. Election Campaign Financing Due by May 1, 2005 De NOT WRITE I. Election Campaign Financing I. Election Campaign Financing I. Election Campaign Financing I. Election Campa	6. Name	and Addre	ss of Current	Registere	ed Agent				 	
AD OTION TO ALCOLOR S., SUITE 500 VEST PALM BEACH, FL 33401 IN THIS SPACE IN THIS SPACE IN THIS SPACE IN THIS SPACE IN THIS SPACE IN THIS SPACE IN THIS SPACE IN THIS SPACE IN THIS SPACE IN THIS SPACE IN THIS SPACE IN THI									DITE	
VEST PALM BEACH, FL 33401 IN TIRIS SPACE The above named entity submits this statement for the purpose of changing is registered office or registered agent, or both, in the State of Florida. Tam familiar with the obligations of registered agent. GNATURE Graduat, sped or prince tame of registered agent and the factorele GRUTC Regenered Agent signature registered agent, or both, in the State of Florida. Tam familiar with the obligations of registered agent. GRUTC Regenered Agent signature registered agent, or both, in the State of Florida. Tam familiar with the obligations of registered agent. GRUATURE Graduat, sped or prince tame of registered agent and the factorele Filling Face is \$61.25 Due by May 1, 2005 . Election Campaign Financing S55,00 May 28 Added to Feee U U U U U U U U U U U U U U U U U			SUITE 500							
The obligations of registered agent. GNATURE Signature, typed or printed name of ingatered agent and the 1 superclass. Priling Fee is \$61.25 Due by May 1, 2005 Priling Fee is \$61.25 Due by Ponty (NY 101190219 UD0000228753 UE Due by Wath 10024 Due by Ponty (NY 10024 Due by Ponty (N						1 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	¹ IN	I HIS S	PACE	
The obligations of registered agent. GNATURE Signature, typed or printed name of ingatered agent and the 1 superclass. Priling Fee is \$61.25 Due by May 1, 2005 Priling Fee is \$61.25 Due by Ponty (NY 101190219 UD0000228753 UE Due by Wath 10024 Due by Ponty (NY 10024 Due by Ponty (N										
ME WENDROFF, HARRY MET MORES NEW YORK, NY 101190219 LE D ME ENGLANDER, MARY 60 RIVERSIDE PARK N-ST-2P NEW YORK, NY 10024 LE D COOPER, ARLENE 6 WEST 77TH STREET, APT. 6B N-ST-2P NEW YORK, NY 10024 LE ME KT MORES 17-ST-2P LE ME KT MORES 17-ST-2P LE ME KT MORES 17-ST-2P LE LE ME KT MORES 17-ST-2P LE ME KT MORES 17-ST-2P LE 17-ST-2P LE 17-ST-2P LE 17-ST-2P LE 17-ST-2P LE 17-ST-2P LE 17-ST-2P LE 17-ST-2P LE 17-ST-2P LE 17-ST-2P LE 17-ST-2P LE 17-ST-2P LE 17-ST-2P LE 17-ST-2P LE 17-ST-2P LE 17-ST		0	FFICERS AND	DIRECTO	RS			· · · ·		• • • • • • •
IL D UD0000228755 MAE ENGLANDER, MARY 02/14/05-800059-0011.6 RET ADDRESS 60 RIVERSIDE PARK 02/14/05-800059-0011.6 IV-ST-ZP NEW YORK, NY 10024 0 ILE D D D MIL COOPER, ARLENE 6 WEST 77TH STREET, APT.6B DO NOT WRITE IV-ST-ZP NEW YORK, NY 10024 IN THIS SPACE ILE ME RET ADDRESS IN THIS SPACE IV-ST-ZP VORK, NY 10024 IN THIS SPACE ILE ME RET ADDRESS IN THIS SPACE IV-ST-ZP ILE IN THIS SPACE IN THIS SPACE ILE ME IN THIS SPACE IN THIS SPACE ILE ILE IN THIS SPACE IN THIS SPACE ILE ILE IN THIS SPACE IN THIS SPACE ILE ILE <t< th=""><th>ENDROI</th><th>ISYLVANI/</th><th>A STE 5335</th><th></th><th></th><th></th><th></th><th></th><th></th><th></th></t<>	ENDROI	ISYLVANI/	A STE 5335							
ARET ADDRESS 60 RIVERSIDE PARK IN-ST-ZP NEW YORK, NY 10024 TE D MU COOPER, ARLENE 6 WEST 77TH STREET, APT. 6B NEW YORK, NY 10024 TE ME ME RET ADDRESS NY-ST-ZP LE ME RET ADDRESS NY-ST-ZP LE NY-ST-ZP LE NY-ST-ZP N					<u> </u>		: ••,	1000 12/14/0		11 61 25
LE D MIL COOPER, ARLENE 6 WEST 77TH STREET, APT. 6B DO NOT WRITE NEW YORK, NY 10024 IN THIS SPACE ME IN THIS SPACE ME RET ADRESS N'-ST-2P IN THIS SPACE ME RET ADRESS Y-ST-2P IN THIS SPACE		•						weer 277 C	مې ، ډينوينې يې ل. ل. ل.	una i na a prèssès. T
ME RET ADRESS 1Y-ST-2P NEW YORK, NY 10024 LE ME RET ADRESS NY-ST-2P LE ME LE ME AEET ADRESS NY-ST-2P L LE ME AEET ADRESS NY-ST-2P L L ME AEET ADDRESS NY-ST-2P L L ME AEET ADDRESS NY-ST-2P L AEET ADDRESS NY-ST-2P AEET ADDRESS NY-ST-2P L AEET ADDRESS NY-ST-2P AEET ADDRESS	EW YOR	RK, NY_10	024		<u> </u>	t in general a		<i></i>		
NEW YORK, NY 10024 LE ME RET ADDRESS IY-ST-ZP LE ME REET ADDRESS IY-ST-ZP L In threby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the I indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an office of the scept or the ruscever of to supplemental report to supplemental rep				-						
REET ADDRESS IY-ST-ZP LE ME REET ADDRESS IY-ST-ZP LE ME REET ADDRESS IY-ST-ZP L. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes, I further certify that the I indicated on this report or supplemental 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 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 Flock 10 or the report of the receiver or trustee of the receiver or trustee of the societ of the receiver of trustees and that my signature shall have the same legal effect as if made under oath; that I am an officer of the corporation of the receiver or trustee of the societ of the societ of the receiver of trustees and that my name appears in Flock 10 or the societ of the receiver or trustee of the societ of the societ of the societ of the receiver of the societ of the receiver of the societ of the societ of the receiver of the societ of the societ of the societ of the societ of the receiver of the societ of the s						- -	DO	NOT V	VRITE	
LE ME REET ADDRESS IY-ST-ZP LE ME REET ADDRESS IY-ST-ZP L. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes, I further certify that the I indicated on this report or supplemental 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 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 Flock 10 or the report of the receiver or trustee of the receiver or trustee of the source to be secure to be required by Chapter 617. Florida Statutes, and that my name appears in Flock 10 or of the corporation of the receiver or trustee of the source of the source of the receiver of the source of the receiver of the source of the source of the receiver or trustee of the source of the receiver of the receiver of the source of the receiver of the receiver of the receiver of the source of the receiver of the re							IN '	THIS S	PACE	
ME REET ADDRESS IY-ST-ZP LE ME REET ADDRESS IY-ST-ZP L. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes, I further certify that the I indicated on this report or supplemental 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 of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617. Florida Statutes; and that my name apoears in Flork 10 or 10 of the receiver or trustee or provide the receiver of trustee and pacturate and that my signature shall have the same legal effect as if made under oath; that I am an officer of the corporation or the receiver or trustee of the scoule this report as required by Chapter 617. Florida Statutes; and that my name apoears in Flork 10 or 10 or the receiver or trustee or the scoule this report as required by Chapter 617. Florida Statutes; and that my name apoears in Flork 10 or 10 or the receiver or trustee or the scoule this report to receive the scoule the scoule the scoule the scoule the scoule the scoule of the receiver or trustee. The the scoule the scoule this report of the receiver or trustee and that my name apoears in Flork 10 or 10 or the receiver or trustee or the scoule the s			<u></u>							•••••
It Me AET ADDRESS IY-ST-ZP L. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes, I further certify that the i indicated on this report or supplemental 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 of the corporation or the receiver or trustee empowered to execute this report as required by Charlen 617. Florida Statutes; and that my name appears in Flock 10 o										
LE ME ARET ADDRESS TY-51-ZP L. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the I indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under path; that I am an officer 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 Flock 10 o										
I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes, I further certify that the indicated on this report or supplemental 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 of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617. Florida Statutes; and that my name apoears in Block 10 of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617. Florida Statutes; and that my name apoears in Block 10 or the receiver or trustee empowered to execute this report as required by Chapter 617.	<u></u>	· <u> </u>	- <u></u>		<u> </u>					
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 o	fy that the	e information	supplied with	this filing	does not qualify for the ex	emption stated in Se	ction 119.07(3)	i), Florida Statutes	. I further certify the	at the information
changed, or on an attachment with an address with all other like empowered.	ation or the	he receiver o	or trustee empo	owered to a	execute this report as requ	uired by Chapter 617	, Florida Statute	as in made unde s; and that my na }	ne appears in Blo	ck 10 or Block 1
IGNATURE: MANAGARA 2/11/05		Δ	1 h.	か			~	1 1		