


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 06, 2006 08:00 AM
Secretary of State

DOCUMENT # N50382 1. Entity Name THE COOPER FAMILY FOUNDATION, INC.	
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Principal Place of Business 315 WEST 33RD STREET, APT. 9M C/O COOPER FAMILY OFFICE NEW YORK, NY 10001	Mailing Address 315 WEST 33RD STREET, APT. 9M C/O COOPER FAMILY OFFICE NEW YORK, NY 10001
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02172006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0354458	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent GART, DAVID A C/O SHUTTS & BOWEN 250 AUSTRALIAN AVE., S., SUITE 500 WEST PALM BEACH, FL 33401

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WENDROFF, HARRY ONE PENNSYLVANIA STE 5335 NEW YORK, NY 101190219
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ENGLANDER, MARY 60 RIVERSIDE PARK NEW YORK, NY 10024
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COOPER, ARLENE 8 WEST 77TH STREET, APT. 8B NEW YORK, NY 10024
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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03/16/06-80002-014 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby 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 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 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.

SIGNATURE: *Arlene Cooper* **ARLENE COOPER** 2/22/06 212-500-2471
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #