2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 08, 2007
Secretary of State

DOCUMENT# N50382

Entity Name: THE COOPER FAMILY FOUNDATION, INC.

Current Principal Place of Business:

315 WEST 33RD STREET, APT. 9M
C/O COOPER FAMILY OFFICE
NEW YORK, NY 10001

New Principal Place of Business:

Current Mailing Address:

315 WEST 33RD STREET, APT. 9M
C/O COOPER FAMILY OFFICE
NEW YORK, NY 10001

New Mailing Address:

FEI Number: 65-0354458 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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 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: D ( ) Delete
Name: WENDROFF, HARRY
Address: ONE PENSYLVANIA STE 5335
City-St-Zip: NEW YORK, NY 101190219

Title: D ( ) Delete
Name: ENGLANDER, MARY
Address: 60 RIVERSIDE PARK
City-St-Zip: NEW YORK, NY 10024

Title: D ( ) Delete
Name: COOPER, ARLENE,
Address: 6 WEST 77TH STREET, APT. 6B
City-St-Zip: NEW YORK, NY 10024

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 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: ARLENE COOPER MS 05/08/2007

Electronic Signature of Signing Officer or Director — Date