

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N50382

FILED  
Jan 27, 2009  
Secretary of State

**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 ( )**

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

CORPORATION COMPANY OF MIAMI (DAG)  
525 OKEECHOBEE BLVD.  
SUITE 1100  
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 PENNSYLVANIA 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: TONIA GUSTAFSON

MRS

01/27/2009

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

\_\_\_\_\_  
Date