

**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 17, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # N93000000961**

1. Entity Name  
**RICHARD AND MICA HADAR FOUNDATION INC.**



Principal Place of Business  
**136 E 57TH ST (1212)**  
**NEW YORK, NY 10021**

Mailing Address  
**200 E. 69TH STREET, #47-A**  
**NEW YORK, NY 10021**



01092006 No Chg-NP CR2E037 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**13-3721350** Applied For  
 (Not Applicable)

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM**  
**1200 S PINE ISLAND RD**  
**PLANTATION, FL 33324**

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**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: **D**  
 NAME: **HADAR, RICHARD A**  
 STREET ADDRESS: **200 E. 69TH STREET, #47-A**  
 CITY-ST-ZIP: **NEW YORK, NY 10021**

TITLE: **D**  
 NAME: **FEMINELLA, ANN**  
 STREET ADDRESS: **610 EVERDELL AVENUE**  
 CITY-ST-ZIP: **WEST ISLIP, NY 11795**

TITLE: **D**  
 NAME: **HADAR, MICA B**  
 STREET ADDRESS: **200 E 69TH ST (47A)**  
 CITY-ST-ZIP: **NEW YORK, NY 10021**

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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 01/23/06-80008-006 70.00

**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: Richard Hadar **RICHARD HADAR** 1/9/06 212-223-4111  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #