

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 30, 2007 08:00 AM
Secretary of State

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1. Entity Name
DR. GERALD J. AND DOROTHY R. FRIEDMAN
FOUNDATION, INC.



Principal Place of Business

PAUL, WEISS, RIFKIND, WHARTON & GARRISON
1285 AVENUE OF THE AMERICAS
NEW YORK, NY 10019-6064 US

Mailing Address

C/O JOHN J O'NIL
1285 AVENUE OF THE AMERICAS
NEW YORK, NY 10019-6064 US



01052007 No Chg-NP

CR2E037 (4/06)

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4. FEI Number

65-0416767

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
C/O CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

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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

Signature. Typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P/D
NAME	FRIEDMAN, JANE
STREET ADDRESS	56 SEVENTH AVENUE
CITY-ST-ZIP	NEW YORK, NY 10011
TITLE	D
NAME	BERNSTEIN, LEWIS
STREET ADDRESS	142 WEST END AVENUE
CITY-ST-ZIP	NEW YORK, NY 10023
TITLE	D
NAME	KENNEDY, JUDITH
STREET ADDRESS	3036 MATADOR DRIVE, NE
CITY-ST-ZIP	ALBUQUERQUE, NM 87111
TITLE	O
NAME	THOMASES, SUSAN
STREET ADDRESS	929 PARK AVE
CITY-ST-ZIP	NEW YORK, NY 10028
TITLE	O
NAME	SATLOF MARK
STREET ADDRESS	217 WEST 138TH STREET
CITY-ST-ZIP	NEW YORK, NY 10030
TITLE	D
NAME	GERSON, JENNIFER
STREET ADDRESS	56 SEVENTH AVE
CITY-ST-ZIP	NEW YORK, NY 10011

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02/02/07-80070-007 61.25

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #