


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 16, 2008 8:00 am**  
**Secretary of State**

01-16-2008 90017 021 \*\*\*\*61.75

|   |   |   |  |  |  |
|---|---|---|--|--|--|
| <b>DOCUMENT # N93000001266</b>  |   |   |  |                       |  |
| <b>1. Entity Name</b><br>DR. GERALD J. AND DOROTHY R. FRIEDMAN<br>FOUNDATION, INC.  |   |   |  |  |  |
| <b>Principal Place of Business</b><br>PAUL, WEISS, RIFKIND, WHARTON & GARRISON<br>1285 AVENUE OF THE AMERICAS<br>NEW YORK, NY 10019-6064 US   |   |   | <b>Mailing Address</b><br>C/O JOHN J O'NIL<br>1285 AVENUE OF THE AMERICAS<br>NEW YORK, NY 10019-6064 US  |  |  |
| <b>2. Principal Place of Business - No P.O. Box #</b>   |   | <b>3. Mailing Address</b>   |  |  |  |
| Suite, Apt. #, etc.   |   | Suite, Apt. #, etc.   |  |  |  |
| City & State  |   | City & State  |  | <b>4. FEI Number</b><br>65-0416767   |  |
| Zip   |   | Country   |  | Zip  |  |
| Country   |   | Country   |  | <b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> |  |
| <b>6. Name and Address of Current Registered Agent</b><br><br>CT CORPORATION SYSTEM<br>C/O CT CORPORATION SYSTEM<br>1200 SOUTH PINE ISLAND ROAD<br>PLANTATION, FL 33324   |   |   | <b>7. Name and Address of New Registered Agent</b><br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City   |  |  |
|   |   |   | FL Zip Code  |  |  |
| <b>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.</b>  |   |   |  |  |  |
| <b>SIGNATURE</b><br>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE   |   |   |  |  |  |
| <b>Filing Fee is \$61.25 Due by May 1, 2008</b>   |   | <b>9. Election Campaign Financing</b><br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |  | <b>Make check payable to Florida Department of State</b>   |  |
| <b>10. OFFICERS AND DIRECTORS</b>   |   |   | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>   |  |  |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | P/D<br>FRIEDMAN, JANE<br>56 SEVENTH AVENUE<br>NEW YORK, NY 10011        | <input type="checkbox"/> Delete   |  |  |  |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | D<br>BERNSTEIN, LEWIS<br>142 WEST END AVENUE<br>NEW YORK, NY 10023      | <input type="checkbox"/> Delete   |  |  |  |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | D<br>KENNEDY, JUDITH<br>3036 MATADOR DRIVE, NE<br>ALBUQUERQUE, NM 87111 | <input type="checkbox"/> Delete   |  |  |  |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | O<br>THOMASES, SUSAN<br>929 PARK AVE<br>NEW YORK, NY 10028              | <input type="checkbox"/> Delete   |  |  |  |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | O<br>SATLOE, MARK<br>217 WEST 138TH STREET<br>NEW YORK, NY 10030        | <input type="checkbox"/> Delete   |  |  |  |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | D<br>GERSON, JENNIFER<br>56 SEVENTH AVE<br>NEW YORK, NY 10011           | <input type="checkbox"/> Delete   |  |  |  |
| <b>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.</b> |   |   | <b>SIGNATURE:</b> <i>Jane Friedman</i> <b>JANE FRIEDMAN</b> <i>1/10/2008 212-373-2412</i><br>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR <i>Director</i> Date Daytime Phone # |  |  |