## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N93000001266

FILED Jan 21, 2009 Secretary of State

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

Current Principal Place of Business:			New Princi	New Principal Place of Business:	
1285 AVEN	SS, RIFKINE UE OF THE K, NY 10019				
Current Mailing Address:			New Mailin	New Mailing Address:	
C/O JOHN J O'NIL 1285 AVENUE OF THE AMERICAS NEW YORK, NY 100196064 US		C/O JOHN J O'NEIL 1285 AVENUE OF THE AMERICAS NEW YORK, NY 100196064 US			
FEI Number:	65-0416767	FEI Number Applied For()	FEI Number Not Applie	cable ( ) Certificate of Status Desired ( )	
Name and	Address of	Current Registered Agent:	Name and A	Address of New Registered Agent:	
C/O CT CC 1200 SOUT PLANTATIO	of Florida.	N SYSTEM AND ROAD 4 US	urpose of changing its	s registered office or registered agent, or both,	
0.014/11011		nic Signature of Registered Ager	nt	Date	
OFFICERS	AND DIREC	CTORS:	ADDITIONS	S/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	P/D ( FRIEDMAN, J 56 SEVENTH NEW YORK, I	AVENUE	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	D ( BERNSTEIN, 142 WEST EN NEW YORK, I	ID AVENUE	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	KENNEDY, JU 3036 MATADO	) Delete IDITH DR DRIVE, NE JE, NM 87111	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	O ( THOMASES, S 929 PARK AV NEW YORK, I	E	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	O ( SATLOE, MAF 217 WEST 13 NEW YORK, N	8TH STREET	Title: Name: Address: City-St-Zip:	O (X) Change () Addition SATLOF, MARK 217 WEST 138TH STREET NEW YORK, NY 10030	
Title: Name: Address: City-St-Zip:	D ( GERSON, JEI 56 SEVENTH NEW YORK, I	AVE	Title: Name: Address: City-St-Zip:	()Change ()Addition	

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: JANE FRIEDMAN PRES 01/21/2009