2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State
05-02-2005 90385 016 ****61.25

DOCUMENT # N94000004865

1. Entity Name
LAURENCE W. LEVINE FOUNDATION, INC.

Principal Place of Business	Mailing Address
FIDUCIARY TRUST COMPANY INT'L 600 FIFTH AVENUE - TAX NEW YORK, NY 10020-2302 Attn: Donald Brophy	FIDUCIARY TRUST COMPANY INT'L 600 FIFTH AVENUE - TAX NEW YORK, NY 10020-2302 Attn: Donald Brophy

04192005 Chg-NP CR2E037 (10/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 65-0535001 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD T KANE, SUSAN 47 GILLETTE AVENUE BAYPORT, NY 11705	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Russell Kane 10 Stewart Place - #6EW White Plains, N.Y. 10603	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D VP LEVINE, JAY 34 GRAMERCY PARK NEW YORK, NY 10003	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Beth Feldman 656 Forest Ave. Larchmont, N.Y. 10538	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD MOORE, THOMAS R ESQ 590 MADISON AVENUE STE 2100 NEW YORK, NY 10022	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Lesley Logue 4 Nursery Rd. Melville, N.Y. 11747	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WARREN, WILLIAM B 520 E 86TH STREET NEW YORK, NY 10028	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D James Levine 510 East 12th St - #4 New York, N.Y. 10009	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Michael Levine 58 Lawrence Farms Crossing Chappaqua, N.Y. 10514	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S Eric Kane 47 Gillette Ave. bayport, N.Y. 11705	☐ Change ☒ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Susan Kane SUSAN KANE 4-22-05 631-422-3411
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #