2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2006
Secretary of State

DOCUMENT# N94000004865

Entity Name: LAURENCE W. LEVINE FOUNDATION, INC.

Current Principal Place of Business:

47 GILLETTE AVENUE
BAYPORT, NY 11705

New Principal Place of Business:

Current Mailing Address:

47 GILLETTE AVENUE
BAYPORT, NY 11705

New Mailing Address:

FEI Number: 65-0535001 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	PD	( ) Delete
Name:	KANE, SUSAN	
Address:	47 GILLETTE AVENUE	
City-St-Zip:	BAYPORT, NY 11705	
Title:	D	( ) Delete
Name:	LEVINE, JAY	
Address:	34 GRAMERCY PARK	
City-St-Zip:	NEW YORK, NY 10003	
Title:	D	( ) Delete
Name:	KANE, RUSSELL	
Address:	10 STEWART PLACE #6EW	
City-St-Zip:	WHITE PLAINS, NY 10603	
Title:	D	( ) Delete
Name:	FELDMAN, BETH	
Address:	656 FOREST AVE	
City-St-Zip:	LARCHMONT, NY 10538	
Title:	D	( ) Delete
Name:	LOGUE, LESLEY	
Address:	4 NURSERY ROAD	
City-St-Zip:	MELVILLE, NY 11747	
Title:	D	( ) Delete
Name:	LEVINE, JAMES	
Address:	510 EAST 12TH STREET, #4	
City-St-Zip:	NEW YORK, NY 10009	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the 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: SUSAN KANE PD 05/02/2006

Electronic Signature of Signing Officer or Director — Date