2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2008 08:00 AM
Secretary of State

DOCUMENT # N94000004865

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

Principal Place of Business	Mailing Address
47 GILLETTE AVENUE BAYPORT, NY 11705	47 GILLETTE AVENUE BAYPORT, NY 11705

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04292008 No Chg-NP CR2E037 (4/06)

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

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2008

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	KANE, SUSAN
STREET ADDRESS	47 GILLETTE AVENUE
CITY-ST-ZIP	BAYPORT, NY 11705
TITLE	D
NAME	LEVINE, JAY
STREET ADDRESS	34 GRAMERCY PARK
CITY-ST-ZIP	NEW YORK, NY 10003
TITLE	D
NAME	KANE, RUSSELL
STREET ADDRESS	10 STEWART PLACE #6EW
CITY-ST-ZIP	WHITE PLAINS, NY 10603
TITLE	D
NAME	FELDMAN, BETH
STREET ADDRESS	656 FOREST AVE
CITY-ST-ZIP	LARCHMONT, NY 10538
TITLE	D
NAME	LOGUE, LESLEY
STREET ADDRESS	4 NURSERY ROAD
CITY-ST-ZIP	MELVILLE, NY 11747
TITLE	D
NAME	LEVINE, JAMES
STREET ADDRESS	510 EAST 12TH STREET, #4
CITY-ST-ZIP	NEW YORK, NY 10009

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05/28/08-80116-003 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: _____ AS AGENT 4-30-08 212-632-4082
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL SIGNING OFFICER OR DIRECTOR ANTHONY ALLOGGIO Date Daytime Phone #

FIDUCIARY TRUST COMPANY INT'L
600 FIFTH AVENUE - TAX
NEW YORK, NY 10020-2302