

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000004865

FILED
Feb 12, 2009
Secretary of State

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 ()

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: P (X) Change () Addition
Name: KANE, SUSAN
Address: 47 GILLETTE AVENUE
City-St-Zip: BAYPORT, NY 11705

Title: VP (X) Change () Addition
Name: LEVINE, JAY
Address: 34 GRAMERCY PARK
City-St-Zip: NEW YORK, NY 10003

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 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

P

02/12/2009

Electronic Signature of Signing Officer or Director

Date