2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 09, 2012
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 ( )**

Name and Address of Current Registered Agent:

ALLOGGIO, ANTHONY AGENT
FIDUCIARY TRUST COMPANY INTL
600 FIFTH AVENUE
NEW YORK, FL 10020 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: P
Name: KANE, SUSAN
Address: 47 GILLETTE AVENUE
City-St-Zip: BAYPORT, NY 11705

Title: VP
Name: LEVINE, JAY
Address: 34 GRAMERCY PARK
City-St-Zip: NEW YORK, NY 10003

Title: D
Name: KANE, RUSSELL
Address: 10 STEWART PLACE #6EW
City-St-Zip: WHITE PLAINS, NY 10603

Title: D
Name: FELDMAN, BETH
Address: 656 FOREST AVE
City-St-Zip: LARCHMONT, NY 10538

Title: D
Name: LOGUE, LESLEY
Address: 4 NURSERY ROAD
City-St-Zip: MELVILLE, NY 11747

Title: D
Name: LEVINE, JAMES
Address: 510 EAST 12TH STREET, #4
City-St-Zip: NEW YORK, NY 10009

I hereby 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 all other like empowered.

SIGNATURE: ANTHONY ALLOGGIO A 02/09/2012

Electronic Signature of Signing Officer or Director — Date