2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 08, 2005 8:00 am
Secretary of State
02-08-2005 90020 017 ****61.25

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DOCUMENT # N94000004947

1. Entity Name
THE A.L. LEVINE FAMILY FOUNDATION, INC.

Principal Place of Business	Mailing Address
C/O MILBERG WEISS BERSHAD HYNES & LERACH 5355 TOWN CENTER ROAD, SUITE 900 BOCA RATON, FL 33486	C/O MILBERG WEISS BERSHAD HYNES & LERACH 5355 TOWN CENTER ROAD, SUITE 900 BOCA RATON, FL 33486

2. Principal Place of Business	3. Mailing Address
The Coates Law Firm	The Coates Law Firm
Suite, Apt. #, etc. 12012 So. Shore Blvd. Ste 107	Suite, Apt. #, etc. 12012 So. Shore Blvd. Ste 107
City & State Wellington FL 33414	City & State Wellington, FL
Zip / Country 33414 / USA	Zip / Country 33414 / USA

01262095 Chg-NP CR2E037 (10/03)

4. FEI Number
65-0554692
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

COATES, HOWARD K JR
C/O MILBERG WEISS BERSHAD HYNES & LERACH
5355 TOWN CENTER ROAD, SUITE 900
BOCA RATON, FL 33486

7. Name and Address of New Registered Agent

Name
Howard K. Coates, Jr., The Coates Law Firm
Street Address (P.O. Box Number is Not Acceptable)
12012 S. Shore Blvd, Suite 107
City
Wellington
FL
Zip Code
33414

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 _____ 2/1/2005
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	CD STEIGER, CAROLE ANN 263 MANOR RD RIDGEWOOD, NJ	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CD Arthur L. Levine 210 E. 58th Street New York, NY 10022	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D STEIGER, ANDREW R. 70 APPLE RIDGE WOODCLIFF LAKE, NJ	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Joel Steiger 263 Manor Road Ridgewood, NJ 07450	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D STEIGER, ADAM J 66 TIMBERLANE RD UPPER SADDLE RIVER, NJ 07458	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D STEIGER, DAVID L 185 E. 85TH STREET, APT. 32K NEW YORK, NY 10028	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LEVINE, PETER L ROUTE 46 WEST WEST PATERSON, NJ 07424	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ 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: Carole Ann Steiger 2/1/05 561-333-4911
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #