

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 08, 2005 8:00 am
Secretary of State

02-08-2005 90020 017 ****61.25

DOCUMENT # N94000004947	
1. Entity Name THE A.L. LEVINE FAMILY FOUNDATION, INC.	

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

50012214



2. Principal Place of Business The Coates Law Firm	3. Mailing Address The Coates Law Firm
--	--

Suite, Apt. #, etc. 12012 So. Shore Blvd. Ste 107	Suite, Apt. #, etc. 12012 So. Shore Blvd. Ste 107
---	---

01262005 Chg-NP CR2E037 (10/03)

City & State Wellington FL 33414	City & State Wellington, FL
--	---------------------------------------

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

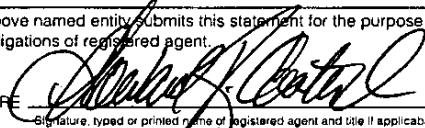
Zip 33414	Country USA	Zip 33414	Country USA
---------------------	-----------------------	---------------------	-----------------------

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 Wellington City 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  (NOTE: Registered Agent signature required when reinstating) DATE **2/1/2005**

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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD STEIGER, CAROLE ANN ☐ Delete 263 MANOR RD RIDGEWOOD, NJ
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STEIGER, ANDREW R. ☐ Delete 70 APPLE RIDGE WOODCLIFF LAKE, NJ
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STEIGER, ADAM J ☐ Delete 66 TIMBERLANE RD UPPER SADDLE RIVER, NJ 07458
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STEIGER, DAVID L ☐ Delete 185 E. 85TH STREET, APT. 32K NEW YORK, NY 10028
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEVINE, PETER L ☐ Delete ROUTE 46 WEST WEST PATERSON, NJ 07424
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD Arthur L. Levine ☐ Change ☒ Addition 210 E. 58th Street New York, NY 10022
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Joel Steiger ☐ Change ☒ Addition 263 Manor Road Ridgewood, NJ 07450
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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 any other like empowered.

SIGNATURE:  DATE **2/1/05** 561-333-4911
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR