2006 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

Sep 07, 2006 8:00 am Secretary of State 09-07-2006 90014 045 ****61.25 DOCUMENT # N94000004947 THE A.L. LEVINE FAMILY FOUNDATION, INC. Principal Place of Business Mailing Address THE COATES LAW FIRM THE COATES LAW FIRM 12012 SO SHORE BLVD STE 107 12012 SO SHORE BLVD STE 107 WELLINGTON, FL 33414 WELLINGTON, FL 33414 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 08242006 Chq-NP CR2E037 (4/06) City & State 4. FEI Number 65-0554692 Applied For City & State Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent COATES, HOWARD K JR Street Address (P.O. Box Number is Not Acceptable) THE COATES LAW FIRM 12012 SO SHORE BLVD STE 107 WELLINGTON, FL 33414 City Zip Code 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. 9-1-06 SIGNATURE . (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Filing Fee is \$61.25 \$5.00 May Be Make check payable to Trust Fund Contribution. П Florida Department of State Due by September 6, 2006 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. CO ☐ Delete TITLE TITLE STEIGER, CAROLE ANN stelaer NAME NAME 263 MANOR RD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP RIDGEWOOD, NJ CITY-ST-ZIP D Delete ☐ Change Addition TITLE TITLE STEIGER, ANDREW R. NAME NAME STREET ADDRESS 70 APPLE RIDGE STREET ADORESS CITY-ST-ZIP WOODCLIFF LAKE, NJ CITY-ST-ZIP Delete TITLE ☐ Channe ☐ Addition TITLE STEIGER, ADAM J STREET ADDRESS 66 TIMBERLANE RD STREET ADDRESS CITY-ST-ZIF UPPER SADDLE RIVER, NJ 07458 CITY-ST-ZIP TITLE Change Addition TITLE ☐ Delete STEIGER DAVID I

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.

NAME

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TITLE

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STREET ADDRESS

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NAME

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185 E. 85TH STREET, APT. 32K

WEST PATERSON, NJ 07424

NEW YORK, NY 10028

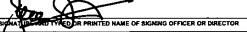
LEVINE, PETER L

ROUTE 46 WEST

LEVINE, ARTHUR L

210 E 58TH STREET

NEW YORK, NY 10022



Delete

☐ Delete

Change

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FILED