
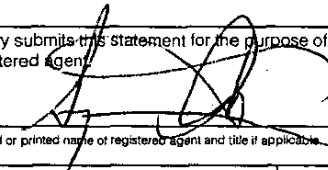
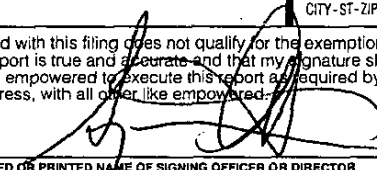


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 24, 2004 8:00 am
Secretary of State

05-24-2004 90006 019 ****61.25

DOCUMENT # N94000005905					
1. Entity Name THE ALBERT, RUTH, SEYMOUR AND HARRIET ALPERT CHARITABLE FOUNDATION, INC.					
Principal Place of Business 2546 NW 63RD LANE BOCA RATON, FL 33496 US			Mailing Address 2546 NW 63RD LANE BOCA RATON, FL 33496 US		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		54055532	
City & State		City & State		4. FEI Number 65-0541337	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ALPERT, SEYMOUR 2546 NW 63RD LANE BOCA RATON, FL 33496				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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.					
SIGNATURE  <small>Signature, typed or printed name of registered agent and title if applicable</small>				DATE 5/15/04	
Filing Fee is \$61.25 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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 PD	NAME ALPERT, SEYMOUR		TITLE	NAME	
STREET ADDRESS 2546 NW 63RD LANE	CITY-ST-ZIP BOCA RATON, FL 33496		STREET ADDRESS	CITY-ST-ZIP	
TITLE SD	NAME ALPERT, HARRIET		TITLE	NAME	
STREET ADDRESS 2546 NW 63RD LANE	CITY-ST-ZIP BOCA RATON, FL 33496		STREET ADDRESS	CITY-ST-ZIP	
TITLE DD	NAME ALPERT, JOSEPH		TITLE	NAME	
STREET ADDRESS 884 TEQUESTA DR	CITY-ST-ZIP FRANKLIN LAKES, NJ 07417		STREET ADDRESS 864 HIGHWOODS DRIVE	CITY-ST-ZIP FRANKLIN LAKES, NJ 07417	
TITLE DD	NAME ALPERT, MARK		TITLE	NAME	
STREET ADDRESS 50 W 72ND ST	CITY-ST-ZIP NEW YORK, NY 10023		STREET ADDRESS 161 West 75th Street, #7E	CITY-ST-ZIP New York, NY 10023	
TITLE	NAME		TITLE	NAME	
STREET ADDRESS	CITY-ST-ZIP		STREET ADDRESS	CITY-ST-ZIP	
TITLE	NAME		TITLE	NAME	
STREET ADDRESS	CITY-ST-ZIP		STREET ADDRESS	CITY-ST-ZIP	
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: 			DATE 5/15/04		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Daytime Phone # 201465300		