


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 07, 2008 08:00 A**  
**Secretary of State**

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
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03132008 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 65-0541337	Applied For <input type="checkbox"/> Not Applicable
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

**DO NOT WRITE  
IN THIS SPACE**

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 SEYMOUR ALPERT DATE 4/2/08

(NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ALPERT, SEYMOUR 2546 NW 63RD LANE BOCA RATON, FL 33496
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ALPERT, HARRIET 2546 NW 63RD LANE BOCA RATON, FL 33496
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DD ALPERT, JOSEPH 864 HIGHWOODS DRIVE FRANKLIN LAKES, NJ 07417
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DD ALPERT, MARK 161 WEST 75TH STREET, #7E NEW YORK, NY 10023
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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.

SIGNATURE: Harriet Alpert DATE 4/2/08 DAYTIME PHONE # 201 461 5200

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR