2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2009
Secretary of State

DOCUMENT# N94000005905

Entity Name: THE ALBERT, RUTH, SEYMOUR AND HARRIET ALPERT CHARITABLE FOUNDATION, INC.

Current Principal Place of Business:

2546 NW 63RD LANE
BOCA RATON, FL 33496 US

New Principal Place of Business:

Current Mailing Address:

2546 NW 63RD LANE
BOCA RATON, FL 33496 US

New Mailing Address:

FEI Number: 65-0541337 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ALPERT, SEYMOUR
2546 NW 63RD LANE
BOCA RATON, FL 33496 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: ALPERT, SEYMOUR
Address: 2546 NW 63RD LANE
City-St-Zip: BOCA RATON, FL 33496

Title: SD ( ) Delete
Name: ALPERT, HARRIET
Address: 2546 NW 63RD LANE
City-St-Zip: BOCA RATON, FL 33496

Title: DD ( ) Delete
Name: ALPERT, JOSEPH
Address: 864 HIGHWOODS DRIVE
City-St-Zip: FRANKLIN LAKES, NJ 07417

Title: DD ( ) Delete
Name: ALPERT, MARK
Address: 161 WEST 75TH STREET, #7E
City-St-Zip: NEW YORK, NY 10023

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SUSAN KLIMCSAK CPA 01/16/2009

Electronic Signature of Signing Officer or Director — Date