

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Feb 27, 2004 8:00 am
Secretary of State

02-27-2004 90027 018 ****61.25

DOCUMENT # N97000001997 1. Entity Name THE KENNETH AND HAZEL ROE FOUNDATION, INC.	
---	---

Principal Place of Business 580 SYLVAN AVENUE ENGLEWOOD CLIFFS NY 07632	Mailing Address PO BOX 1116 ENGLEWOOD CLIFFS NY 07632
---	---

2. Principal Place of Business Suite, Apt. #, etc. 580 Sylvan Ave. Suite 2B	3. Mailing Address Suite, Apt. #, etc.
--	---

City & State Englewood Cliffs, NJ	City & State Englewood Cliffs, NJ
Zip Country	Zip Country

4. FEI Number 58-2305353	Applied For <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required



MOORE CR2E037 (11/03)

6. Name and Address of Current Registered Agent LINDSAY, ALAN 321 ROYAL POINCIANA PLAZA PALM BEACH FL 33480	
---	--

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW: FEE IS \$61.25
Due By May 1, 2004**

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	PSTD ROE, HAZEL T 400 SOUTH OCEAN BLVD. PALM BEACH FL 33480 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ROE, HAZEL T 400 SOUTH OCEAN BLVD. PALM BEACH FL 33480 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EDWARDS, WILLIAM 580 SYLVAN AVENUE ENGLEWOOD CLIFFS NY 07632 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LINDSAY, ALAN ESQ. 321 ROYAL POINCIANA PLAZA PALM BEACH FL 33480 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MEJER, HOLLACE L R 1088 PARK AVENUE NEW YORK NY 10128 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROE, RANDALL B 11720 GLEN MILL ROAD POTOMAC MD 20854 <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/V Roe II, Ralph C. 40 Cherry Valley Road Greenwich, CT 06831 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/I/S Edwards, William 580 Sylvan Ave. Suite 2B Englewood Cliffs, NJ 07632 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/P Roe, Hollace Lindsay 1088 Park Avenue New York, NY 10128 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/V Roe, Randall B. 11720 Glen Mill Road Potomac, MD 20854 <input checked="" type="checkbox"/> Change <input type="checkbox"/> 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 all other like empowered.

SIGNATURE: Hollace Lindsay Roe, President 2/12/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #