

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 18, 2008 08:00 AM
Secretary of State

DOCUMENT # N97000001997

1. Entity Name
THE KENNETH AND HAZEL ROE FOUNDATION, INC.



Principal Place of Business
**580 SYLVAN AVENUE
SUITE 2B
ENGLEWOOD CLIFFS, NY 07632**

Mailing Address
**PO BOX 1116
ENGLEWOOD CLIFFS, NY 07632**



01032008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
58-2305353

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**LINDSAY, ALAN
321 ROYAL POINCIANA PLAZA
PALM BEACH, FL 33480**

**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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	DV
NAME	ROE, RALPH C III
STREET ADDRESS	40 CHERRY VALLEY ROAD
CITY-ST-ZIP	GREENWICH, CT 06831
TITLE	DTS
NAME	EDWARDS, WILLIAM
STREET ADDRESS	580 SYLVAN AVE. SUITE 2B
CITY-ST-ZIP	ENGLEWOOD CLIFFS, NY 07632
TITLE	D
NAME	LINDSAY, ALAN ESQ.
STREET ADDRESS	321 ROYAL POINCIANA PLAZA
CITY-ST-ZIP	PALM BEACH, FL 33480
TITLE	DP
NAME	ROE, HOLLACE L
STREET ADDRESS	1088 PARK AVENUE
CITY-ST-ZIP	NEW YORK, NY 10128
TITLE	DV
NAME	ROE, RANDALL B
STREET ADDRESS	11720 GLENN MILL ROAD
CITY-ST-ZIP	POTOMAC, MD 20854
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

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01/22/08-80024-011 61.25

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/15/08
Date

Daytime Phone #