


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004 08:00 AM
Secretary of State

DOCUMENT # N97000003059

1. Entity Name
 THE SAMUEL AND ANNA MARION CHARITABLE FOUNDATION, INC.



Principal Place of Business 1500 PALISADES AVE 6-D FORT LEE, NJ 07024	Mailing Address 1500 PALISADES AVE 6-D FORT LEE, NJ 07024
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04212004 No Chg-NP CR2E037 (10/03)

4. FEI Number 31-1538384	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

HCRM CORP
 2200 CORPORATE BLVD NW STE 401
 BOCA RATON, FL 33431

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

Filing Fee is \$61.25
 Due by May 1, 2004

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

000000132517
 04/27/04-90049-019 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARION, SAMUEL 1500 PALISADES AVE., 6-D FORT LEE, NJ 07024
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KAPLAN, RICKY S 1460 RT 8 NO STE 203 WOODBRIEGE, NJ 07095
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARION, LESTER 8800 BELLWOOD ROAD BETHESDA, MD 20817
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARION, ROBERT 322 SOUTHBERRY AVENUE MAMRANECK, NY 10543
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 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: *Samuel Marion*

4/26/04