

2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT

**FILED**  
**Apr 26, 2006 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



04192006 No Chg-NP

CR2E037 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

31-1538384

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**DO NOT WRITE  
IN THIS SPACE**

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

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, 2006

9. Election Campaign Financing  
Trust Fund Contribution.



**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

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

000000534281  
05/08/06-80006-010 61.25

**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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Samuel Marion*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/06  
Date

Daytime Phone #