

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)

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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

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

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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	

U00000534281
05/08/06-80006-010 61.25

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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 #