

**NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jun 09, 2003 8:00 am**  
**Secretary of State**

06-09-2003 90125 033 \*\*\*\*61.25

<b>DOCUMENT # N97000003059</b> 1. Entity Name <span style="float: right;">✓</span> SAMUEL & ANNA MARION CHARITABLE FOUNDATION, INC			
<b>DO NOT WRITE IN THIS SPACE</b>			
2. Principal Place of Business 1500 PALISADES AVE Suite, Apt. #, etc. 6-D City & State FORT LEE, NEW JERSEY Zip Country 07024 BERGEN		3. Mailing Address 1500 PALISADES AVE Suite, Apt. #, etc. 6-D City & State FORT LEE, NEW JERSEY Zip Country 07024 BERGEN	
		<b>DO NOT WRITE IN THIS SPACE</b>	
		4. FEI Number 31-1538384	Applied For <input type="checkbox"/> Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
<b>DO NOT WRITE IN THIS SPACE</b>		7. Name and Address of Current Registered Agent Name HCRM CORP Street Address (P.O. Box Number is Not Acceptable) 2200 CORPORATE BLVD NW STE 401 City BOCA RATON FL Zip Code 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
<b>FEE IS \$61.25</b> <b>Initial or Amended UBR</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
		<b>Make Check Payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MARION, SAMUEL 1500 PALISADES AVE 6-D FORT LEE, NEW JERSEY 07024	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D KAPLAN, RICKY 1460 RT 9N SUITE 203 WOODBRIDGE, N.J. 07095	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MARION, LESTER 8800 BELLWOOD ROAD BETHESDA, MD 20817	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>DO NOT WRITE IN THIS SPACE</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MARION, ROBERT 322 SOUTHBERRY AVENUE MAMARONECK, NEW YORK 10543	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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 on an attachment with an address, with all other like empowered.			
SIGNATURE: <i>Samuel Marion</i>		6/6/03	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #