

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

FILED
Feb 04, 2008 08:00 AM
Secretary of State

DOCUMENT # N97000003369

1. Entity Name
THE JULIUS STULMAN FOUNDATION, INC.



Principal Place of Business
PETER MATWICZYK, ESQ.
625 N. FLAGLER DR., STE. 401
PALM BEACH, FL 33401

Mailing Address
C/O STEPHEN STULMAN
151 CENTRAL PARK WEST
NEW YORK, NY 10023



01252008 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

| | |
|---|-------------------------------|
| 4. FEI Number 31-1550822 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

**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 | DP |
| NAME | STULMAN, STEPHEN L |
| STREET ADDRESS | 151 CENTRAL PARK WEST |
| CITY-ST-ZIP | NEW YORK, NY 10023 |

| | |
|----------------|--------------------|
| TITLE | DS |
| NAME | STULMAN, JAMES K |
| STREET ADDRESS | 490 WEST END AVE |
| CITY-ST-ZIP | NEW YORK, NY 10024 |

| | |
|----------------|-------------------------|
| TITLE | DT |
| NAME | GILBERT, JOAN S |
| STREET ADDRESS | 1595 SPRING VALLEY ROAD |
| CITY-ST-ZIP | OSSINING, NY 10562 |

| | |
|----------------|---------------------|
| TITLE | D |
| NAME | SHEINMAN, JESSICA R |
| STREET ADDRESS | 10 WOODWAY LANE |
| CITY-ST-ZIP | WILTON, CT 06897 |

| | |
|----------------|----------------------|
| TITLE | D |
| NAME | DENNETT, ANREA S |
| STREET ADDRESS | 2 GREENACRE CT. |
| CITY-ST-ZIP | GREAT NECK, NY 11021 |

| | |
|----------------|--|
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

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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 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

DATE

DAYTIME PHONE #

Stephen L. Stulman STEPHEN L. STULMAN

1/29/08

612-724-6286