

2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED
Oct 09, 2009
Secretary of State

DOCUMENT# N97000003369

Entity Name: THE JULIUS STULMAN FOUNDATION, INC.

Current Principal Place of Business:

PETER MATWICZYK, ESQ.
625 N. FLAGLER DR., STE. 401
PALM BEACH, FL 33401

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 31-1550822 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

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

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.

SIGNATURE: BARBARA BURKE

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: STULMAN, STEPHEN L
Address: 151 CENTRAL PARK WEST
City-St-Zip: NEW YORK, NY 10023

Title: DS () Delete
Name: STULMAN, JAMES K
Address: 490 WEST END AVE
City-St-Zip: NEW YORK, NY 10024

Title: DT () Delete
Name: GILBERT, JOAN S
Address: 1595 SPRING VALLEY ROAD
City-St-Zip: OSSINING, NY 10562

Title: D () Delete
Name: SHEINMAN, JESSICA R
Address: 10 WOODWAY LANE
City-St-Zip: WILTON, CT 06897

Title: D () Delete
Name: DENNETT, ANREA S
Address: 2 GREENACRE CT.
City-St-Zip: GREAT NECK, NY 11021

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: STEPHEN STULMAN

PRES

10/09/2009

Electronic Signature of Signing Officer or Director

Date