

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 01, 2004 8:00 am
Secretary of State

03-01-2004 90028 026 ***150.00

DOCUMENT # N98000005455
1. Entity Name
THE HARRIET M. FINGER CHARITABLE FOUNDATION, INC.

DO NOT WRITE IN THIS SPACE

54013066

2. Principal Place of Business 17341 ALLENBURY COURT Suite, Apt. #, etc.	3. Mailing Address 17341 ALLENBURY COURT Suite, Apt. #, etc.
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City & State BOCA RATON, FLORIDA	City & State BOCA RATON, FLORIDA
Zip 33496-5918	Country
Zip 33496-5918	Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0864822	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

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7. Name and Address of Current Registered Agent	
Name FINGER, HARRIET M.	
Street Address (P.O. Box Number is Not Acceptable) 17341 ALLENBURY COURT	
City BOCA RATON,	FL Zip Code 33496-5918

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 _____ DATE _____
Signature, typed or printed of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE DIRECTOR NAME FINGER, HARRIET M STREET ADDRESS 17341 ALLENBURY COURT CITY-ST-ZIP BOCA RATON, FLORIDA 33496-5918	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE DIRECTOR NAME FINGER, CHESTER STREET ADDRESS 17341 ALLENBURY COURT CITY-ST-ZIP BOCA RATON, FLORIDA 33496-5918	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE DIRECTOR NAME JONES, LINDA STREET ADDRESS 704 SCHOONERS END CITY-ST-ZIP SAUK RAPIEDS, MN 56379	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE DIRECTOR NAME CURRERI, LISA MORRIS STREET ADDRESS 47 COLGATE ROAD CITY-ST-ZIP GREAT NECK, NEW YORK 11030	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE DIRECTOR NAME NEWMAN, JAY M STREET ADDRESS 110 EAST 59TH STREET CITY-ST-ZIP NEW YORK, NY 10022	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP

DO NOT WRITE IN THIS SPACE

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 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/20/2004 561-482-7711
Date Daytime Phone #