2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 18, 2007
Secretary of State

DOCUMENT# N98000005455

Entity Name: THE HARRIET M. FINGER CHARITABLE FOUNDATION, INC.

Current Principal Place of Business:

17341 ALLENBURY COURT
BOCA RATON, FL 334965918

New Principal Place of Business:

Current Mailing Address:

17341 ALLENBURY COURT
BOCA RATON, FL 334965918

New Mailing Address:

FEI Number: 65-0864822 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FINGER, HARRIET M
17341 ALLENBURY COURT
BOCA RATON, FL 334965918 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: FINGER, HARRIET
Address: 17341 ALLENBURY CT
City-St-Zip: BOCA RATON, FL 334965918

Title: D ( ) Delete
Name: FINGER, CHESTER
Address: 17341 ALLENBURY CT
City-St-Zip: BOCA RATON, FL 334965918

Title: D ( ) Delete
Name: JUNES, LINDA
Address: 704 SCHOONERS END
City-St-Zip: SAUK RAPIDS, MN 56379

Title: D ( ) Delete
Name: CURRERI, LISA MORRIS
Address: 47 COLGATE RD
City-St-Zip: GREAT NECK, NY 11030

Title: D ( ) Delete
Name: NEWMAN, JAY M
Address: 110 EAST 59TH STREET
City-St-Zip: NEW YORK, NY 10022

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 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: HARRIET FINGER DIRE 02/18/2007

Electronic Signature of Signing Officer or Director — Date