


**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 02, 2004 08:00 AM
Secretary of State

DOCUMENT # N99000003553
1. Entity Name
THE SHIRLEY G. BENEROFE FOUNDATION INC.



Principal Place of Business: 4 NEW KING STREET, PURCHASE, NY 10577
Mailing Address: POST OFFICE BOX 339, PURCHASE, NY 10577-0339

DO NOT WRITE IN THIS SPACE



07262004 No Chg-NP CR2E037 (10/03)

4. FEI Number: 13-4031176 Applied For: Not Applicable
5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
NATIONSCORP REGISTERED AGENTS, INC.
526 EAST PARK AVENUE
SUITE 200
TALLAHASSEE, FL 32301

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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: _____ (NOTE: Registered Agent signature required when relating) DATE: _____

Filing Fee is \$61.25
Due by September 8, 2004

9. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees

U00000169211
08/02/04-80015-008 61.25

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	BENEROFE, ANDREW R
STREET ADDRESS	18 COTTAGE AVENUE
CITY-ST-ZIP	PURCHASE, NY 10577
TITLE	D
NAME	BENEROFE, JAMES C
STREET ADDRESS	28 ETHELRIDE ROAD
CITY-ST-ZIP	WHITE PLAINS, NY 10605
TITLE	D
NAME	BENEROFE, MITCHELL I
STREET ADDRESS	15 HUTCHINSON COURT
CITY-ST-ZIP	GREAT NECK, NY 11023
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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] DATE: 8/2/04 DAYTIME PHONE #: 914-681-5100