


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2006 8:00 am
Secretary of State

05-04-2006 90256 026 ****61.25

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

Principal Place of Business 4 NEW KING STREET PO BOX 339 PURCHASE, NY 10577-6339	Mailing Address POST OFFICE BOX 339 PURCHASE, NY 10577-0339
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50018975



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01302006 No Chg-NP R2E037 (11/05)

4. EI Number 13-4031176	Applied For Not Applicable
Certificate of Status Desired <input type="checkbox"/> 8.75 Additional Fee Required	

Name and Address of Current Registered Agent

INCORPORATING SERVICES, LTD
 1540 GLENWAY DRIVE
 TALLAHASSEE, FL 32301

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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 reinstating)
 Signature, typed or printed name of registered agent and title if applicable. DATE _____

Filing Fee is \$61.25
Due by May 1, 2006

Election Campaign Financing Trust Fund Contribution. **5.00** may Be Added to Fees

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

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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: *Andrew R Benerofe* 4/26/06 914-685100
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime phone #