


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # P01071 1. Entity Name B'NAI B'RITH (INCORPORATED)	
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Principal Place of Business 2020 K STREET NW SEVENTH FLOOR WASHINGTON, DC 20006	Mailing Address 2020 K STREET NW SEVENTH FLOOR WASHINGTON, DC 20006
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04122006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 53-0179971	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent ROTHMAN, HOWARD 785 PUESTA DEL SOL PLAZA INDIALANTIC, FL 32903

**DO NOT WRITE
IN THIS SPACE**

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

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

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KAPLAN, JOEL 2020 K STREET NW 7TH FLOOR WASHINGTON, DC 20006
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS MARIASHIN, DANIEL S 2020 K STREET NW 7TH FLOOR WASHINGTON, DC 20006
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GLICK, DENNIS W 2020 K STREET NW 7TH FLOOR WASHINGTON, DC 20006
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SUGARMAN, DOUGLAS 2020 K STREET NW 7TH FLOOR WASHINGTON, DC 20006
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROTHMAN, HOWARD 2020 K STREET NW 7TH FLOOR WASHINGTON, DC 20006
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT BERMAN, STANLEY 2020 K STREET NW 7TH FLOOR WASHINGTON, DC 20006

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05/13/06-80043-011 61.25

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IN THIS SPACE**

12. 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: Mark D. Olsan **MARK D. OLSAN** 4/28/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #