

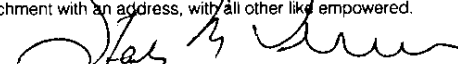


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 31, 2007 8:00 am
Secretary of State

05-31-2007 90002 032 ****61.25

DOCUMENT # P01071 1. Entity Name B'NAI B'RITH (INCORPORATED)					
Principal Place of Business 2020 K STREET NW SEVENTH FLOOR WASHINGTON, DC 20006			Mailing Address 2020 K STREET NW SEVENTH FLOOR WASHINGTON, DC 20006		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Zip Country		City & State Zip Country		4. FEI Number 53-0179971	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent ROTHMAN, HOWARD 785 PUESTA DEL SOL PLAZA INDIALANTIC, FL 32903			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KAPLAN, JOEL 2020 K STREET NW 7TH FLOOR WASHINGTON, DC 20006	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MOISHE SMITH 2020 K ST 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	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	CHAIRMAN OF EXEC DENNIS W GLICK 2020 K ST 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	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HAROLD SHULMAN 2020 K ST 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	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROTHMAN, HOWARD 2020 K STREET NW 7TH FLOOR WASHINGTON, DC 20006	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT BERMAN, STANLEY 2020 K STREET NW 7TH FLOOR WASHINGTON, DC 20006	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: 				Date: 5/8/07 Daytime Phone #: (202) 857-6522	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					