2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P08113

Entity Name: VOLUNTEERS FOR ISRAEL, INC.

FILED Sep 13, 2003 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 330 W. 42ND STREET STE 1618 NEW YORK, NY 10036 **New Mailing Address: Current Mailing Address:** 330 W. 42ND STREET STE 1618 NEW YORK, NY 10036 FEI Number: 13-3143219 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: LOBEL, EMMA 7980 N.W. 50TH ST. SUITE 207 LAUDERHILL, FL 33351 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete NABUT, MARCIA Name: Name: 10 DANBURY CIRCLE N Address: Address: City-St-Zip: ROCHESTER, NY 14618 City-St-Zip: Title: SD () Delete Title: () Change () Addition GOLDBERG, FLORENCE Name: Name: Address: 3 ROGER ST Address: City-St-Zip: HEMPSTEAD, NY City-St-Zip: Title: VD. () Delete Title: () Change () Addition STEIN, CAROL Name: Name: 1650 LIMERICK LANE Address: Address: City-St-Zip: DRESHER, PA 19025 City-St-Zip: () Delete Title: SD Title: () Change () Addition Name: SCHILOWITZ, C Name: Address: 156-11 AGUILAR AVE Address: City-St-Zip: FLUSHING, NY 11367 City-St-Zip: Title: () Delete Title: TD (X) Change () Addition MILLMAN, ROSALINE STEIN, BARRY Name: Name: 780 ARGYLE ROAD 1650 LIMERICK LANE Address: Address: City-St-Zip: BROOKLYN, NY 11330 City-St-Zip: DRESHER, PA 19025 Title: () Delete Title: () Change () Addition SCHACHTER, JEANNE S Name: Name: Address: 2284 N 51ST ST Address: PHILADELPHIA, PA City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: JEANNE S. SCHACHTER PD 09/13/2003