

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P15216

FILED
Apr 27, 2011
Secretary of State

Entity Name: AMERICAN COMMITTEE FOR SHAARE ZEDEK HOSPITAL IN JERUSALEM, INC.

Current Principal Place of Business:

49 W. 45TH STREET
11TH FLOOR
NEW YORK, NY 10036

New Principal Place of Business:

Current Mailing Address:

49 W. 45TH STREET
11TH FLOOR
NEW YORK, NY 10036

New Mailing Address:

FEI Number: 13-5645878 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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:

Title: PD
Name: FRIEDMAN, PHILIP
Address: 49 WEST 45TH ST.
City-St-Zip: NEW YORK, NY 10036

Title: VD
Name: FELSEN, HARVEY
Address: 49 WEST 45TH ST.
City-St-Zip: NEW YORK, NY 10036

Title: CD
Name: RATZKER, MENNO
Address: 49 WEST 45TH ST.
City-St-Zip: NEW YORK, NY 10036

Title: SD
Name: KANAREK, ABBY
Address: 49 WEST 45TH ST.
City-St-Zip: NEW YORK, NY 10036

Title: TD
Name: ABRAMS, RONALD
Address: 49 WEST 45TH ST.
City-St-Zip: NEW YORK, NY 10036

I hereby 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 all other like empowered.

SIGNATURE: ABBY KANAREK

SD

04/27/2011

_____ Electronic Signature of Signing Officer or Director

_____ Date