

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00CORPORATION
ANNUAL REPORT
1995FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham,
Secretary of State
DIVISION OF CORPORATIONSAPPROVED
AND
FILED

95 MAR -2 PM 4:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P16555 (5)

1. Corporation Name

AMERICAN FOUNDATION FOR AIDS RESEARCH, INCORPORATED

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 10/27/1987 3a. Date of Last Report 02/16/1994

4. FEI Number 13-3163817 Applied For Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ \$68.75 Supplemental Fee Not Required8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No2. Principal Place of Business
21 733 Third Avenue2a. Mailing Address
26 733 Third AvenueSuite, Apt. #, etc.
22 12th FloorSuite, Apt. #, etc.
27 12th FloorCity & State
23 New York, NYCity & State
28 New York, NYZip
24 10017Country
25 NYZip
29 10017Country
30 NY

9. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P
NAME SILVERMAN, MERVYN F.
STREET ADDRESS 119 FREDERICK ST.
CITY- ST- ZIP SAN FRANCISCO CA1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY- ST- ZIPTITLE AS
NAME CONNOR, KEVIN
STREET ADDRESS 5900 WILSHIRE BLVD.
CITY- ST- ZIP LOS ANGELES CA2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY- ST- ZIPTITLE C
NAME KRIM, MATHILDE PH.D.
STREET ADDRESS 733 3RD AVE
CITY- ST- ZIP NEW YORK NY3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY- ST- ZIPTITLE T
NAME SHEFT, WALLACE
STREET ADDRESS 1035 STEWART AVE.
CITY- ST- ZIP GARDEN CITY NY4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY- ST- ZIPTITLE DAT
NAME URBAN, DEBORAH C.
STREET ADDRESS 5900 WILSHIRE BLVD.
CITY- ST- ZIP LOS ANGELES CA5.1 TITLE Assistant Treasurer XX Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY- ST- ZIPTITLE D
NAME CANNO, JONATHAN
STREET ADDRESS 130 EAST 67TH STREET
CITY- ST- ZIP NEW YORK NY6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY- ST- ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE *Deborah C. Urban* Deborah C. Urban, C.P.A.

212-682-7440

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(Date)

(Typed Name)