

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P16555** (5)
1. Corporation Name
AMERICAN FOUNDATION FOR AIDS RESEARCH, INCORPORATED



Principal Place of Business
**733 THIRD AVENUE
12TH FLOOR
NEW YORK NY 10017
US**

Mailing Address
**733 THIRD AVENUE
12TH FLOOR
NEW YORK NY 10017
US**

3. Date Incorporated or Qualified
10/27/1987

3a. Date of Last Report
03/02/1995

4. FEI Number
13-3163817

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip
24 Country

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip
29 Country

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
85 Zip Code
FL

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SILVERMAN, MERVYN F.	1.2 NAME	
STREET ADDRESS	119 FREDERICK ST.	1.3 STREET ADDRESS	
CITY - ST - ZIP	SAN FRANCISCO CA	1.4 CITY - ST - ZIP	
TITLE	AS	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CONNOR, KEVIN	2.2 NAME	Donald Moschberger
STREET ADDRESS	5900 WILSHIRE BLVD.	2.3 STREET ADDRESS	733 Third Avenue, 12th Floor
CITY - ST - ZIP	LOS ANGELES CA	2.4 CITY - ST - ZIP	New York, NY 10017
TITLE	C	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KRIM, MATHILDE PH.D.	3.2 NAME	
STREET ADDRESS	733 3RD AVE	3.3 STREET ADDRESS	
CITY - ST - ZIP	NEW YORK NY	3.4 CITY - ST - ZIP	
TITLE	T	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHEFT, WALLACE	4.2 NAME	
STREET ADDRESS	1035 STEWART AVE.	4.3 STREET ADDRESS	
CITY - ST - ZIP	GARDEN CITY NY	4.4 CITY - ST - ZIP	
TITLE	AT	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	URBAN, DEBORAH C.	5.2 NAME	Scott Newman
STREET ADDRESS	5900 WILSHIRE BLVD.	5.3 STREET ADDRESS	733 Third Avenue, 12th Floor
CITY - ST - ZIP	LOS ANGELES CA	5.4 CITY - ST - ZIP	New York, NY 10017
TITLE	D	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CANNO, JONATHAN	6.2 NAME	
STREET ADDRESS	130 EAST 67TH STREET	6.3 STREET ADDRESS	
CITY - ST - ZIP	NEW YORK NY	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 119.07(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:

Scott Newman

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

212-682-7440

CR2E037 (12/95)