

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P16555

1. Entity Name

AMERICAN FOUNDATION FOR AIDS RESEARCH, INCORPORA

FILED
Mar 02, 2000 8:00 am
Secretary of State

03-02-2000 90179 049 ****70.00

Principal Place of Business

Mailing Address

120 WALL ST
13 FL
NY NY 10005
US

120 WALL ST
13 FL
NY NY 10005-3902
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

13-3163817

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete
NAME D
STREET ADDRESS SILVERMAN, MERVYN F
CITY-ST-ZIP 119 FREDERICK ST
SAN FRANCISCO CA

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME AS
STREET ADDRESS MOSCHBERGER, DONALD
CITY-ST-ZIP 120 WALL STREET 13TH FLOOR
NEW YORK NY

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME C
STREET ADDRESS KRIM, MATHILDE PH.D.
CITY-ST-ZIP 120 WALL STREET 13TH FLOOR
NEW YORK NY

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME T
STREET ADDRESS SHEFT, WALLACE
CITY-ST-ZIP 1035 STEWART AVE.
GARDEN CITY NY

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 125 Jericho Turnpike, #300
CITY-ST-ZIP Jericho, NY 11753

TITLE ☐ Delete
NAME AT
STREET ADDRESS NEWMAN, SCOTT
CITY-ST-ZIP 120 WALL STREET 13TH FLOOR
NEW YORK NY

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME D
STREET ADDRESS CANNO, JONATHAN
CITY-ST-ZIP 130 EAST 67TH STREET
NEW YORK NY

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 730 5th Avenue, 9th Floor
CITY-ST-ZIP New York, NY 10019

12. I hereby certify that the information supplied with this filing does not qualify 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 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/24/00

Date

212-806-1600

Daytime Phone #

CR2E037 (9/99)