

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # P16555**

1. Entity Name

**AMERICAN FOUNDATION FOR AIDS RESEARCH, INCORPORA****FILED**  
**Jan 31, 2001 8:00 am**  
**Secretary of State**

01-31-2001 90282 044 \*\*\*\*70.00

Principal Place of Business

**120 WALL ST  
13 FL  
NY NY 10005  
US**

Mailing Address

**120 WALL ST  
13 FL  
NY NY 10005  
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; 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 NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
<b>D</b> <b>SILVERMAN, MERVYN F</b> <b>119 FREDERICK ST</b> <b>SAN FRANCISCO CA</b>	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>AS</b> <b>MOSCHBERGER, DONALD</b> <b>120 WALL STREET 13TH FLOOR</b> <b>NEW YORK NY</b>	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>C</b> <b>KRIM, MATHILDE PH.D.</b> <b>120 WALL STREET 13TH FLOOR</b> <b>NEW YORK NY</b>	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>T</b> <b>SHEFT, WALLACE</b> <b>125 JERICHO TURNPIKE #300</b> <b>JERICHO NY 11753</b>	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>AT</b> <b>NEWMAN, SCOTT</b> <b>120 WALL STREET 13TH FLOOR</b> <b>NEW YORK NY</b>	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>D</b> <b>CANNO, JONATHAN</b> <b>730 5TH AVE 9TH FLOOR</b> <b>NEW YORK NY 10019</b>	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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

1/22/01

Date

212-806-1600

Daytime Phone #

CR2E037 (10/00)