

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P16555

1. Entity Name

AMERICAN FOUNDATION FOR AIDS RESEARCH, INCORPORATED

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 & State

City & State

Zip

Country

Zip

Country

4. FEI Number

13-3163817

Applied For

Not Applicable

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

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

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

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

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

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

TITLE T
NAME SHEFT, WALLACE
STREET ADDRESS 125 JERICHO TURNPIKE #300
CITY-ST-ZIP JERICHO NY 11753 ☐ Delete

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

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

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

TITLE D
NAME CANNO, JONATHAN
STREET ADDRESS 730 5TH AVE 9TH FLOOR
CITY-ST-ZIP NEW YORK NY 10019 ☐ Delete

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

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 of Scott Newman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/15/02

Date

212-806-1600

Daytime Phone #

CR2E037 (9/01)

0067182

FILED
Mar 03, 2002 8:00 am
Secretary of State

03-03-2002 90132 037 *****70.00



DO NOT WRITE IN THIS SPACE