

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 03, 2003 8:00 am
Secretary of State

03-03-2003 90494 027 ****70.00

DOCUMENT # P16555

1. Entity Name

AMERICAN FOUNDATION FOR AIDS RESEARCH, INCORPORATED



Principal Place of Business

Mailing Address

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

**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

☐ CHECK HERE IF MAKING CHANGES



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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE **CHAIRMAN** ☐ Change ☒ Addition
NAME **KRIM, MATHILDE PH.D.**
STREET ADDRESS **120 WALL STREET, 13TH FLOOR**
CITY-ST-ZIP **NEW YORK, NY 10005**

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

TITLE **TREASURER** ☐ Change ☒ Addition
NAME **SHEFT, WALLACE**
STREET ADDRESS **125 JERICHO TURNPIKE, SUITE 300**
CITY-ST-ZIP **JERICHO, NY 11753**

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

TITLE **SECRETARY** ☐ Change ☒ Addition
NAME **ZABEL, WILLIAM D.**
STREET ADDRESS **919 THIRD AVENUE**
CITY-ST-ZIP **NEW YORK, NY 10022**

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

TITLE **VICE CHAIRMAN** ☐ Change ☒ Addition
NAME **MATSON, PATRICIA J.**
STREET ADDRESS **120 WALL STREET, 13TH FLOOR**
CITY-ST-ZIP **NEW YORK, NY 10005**

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

TITLE **VICE CHAIRMAN** ☐ Change ☒ Addition
NAME **COLE, KENNETH**
STREET ADDRESS **603 WEST 50TH STREET**
CITY-ST-ZIP **NEW YORK, NY 10019**

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

TITLE **ASSISTANT TREASURER** ☐ Change ☒ Addition
NAME **NEWMAN, SCOTT**
STREET ADDRESS **120 WALL STREET, 13TH FLOOR**
CITY-ST-ZIP **NEW YORK, NY 10005**

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 **Scott Newman**

2/13/03

212-806-1600

CR2E037 (10/02)