FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAR -6 PM 1:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P24703 (1)

1. Corporation Name

ANTI-DEFAMATION LEAGUE OF B'NAI B'RITH, INCORPORATED

Principal Place of Business	Mailing Address
150 S.E. SECOND AVENUE SUITE 800 MIAMI FL 33131	150 S.E. SECOND AVENUE SUITE 800 MIAMI FL 33131

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/12/1989
3a. Date of Last Report: 03/16/1994
4. FEI Number: 13-1818723 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

TEITELBAUM, ARTHUR
150 S.E. SECOND AVENUE
SUITE 800
MIAMI FL 33131

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number Is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	C	1.1 TITLE		☐ Change ☐ Addition
NAME	SALBERG, MELVIN	1.2 NAME		
STREET ADDRESS	600 THIRD AVENUE	1.3 STREET ADDRESS		
CITY-ST-ZIP	NEW YORK NY	1.4 CITY-ST-ZIP		
TITLE	C	2.1 TITLE		☐ Change ☐ Addition
NAME	STRASSLER, DAVID	2.2 NAME		
STREET ADDRESS	321 MAIN STREET	2.3 STREET ADDRESS		
CITY-ST-ZIP	GR BARRINGTON MA	2.4 CITY-ST-ZIP		
TITLE	S	3.1 TITLE	SECRETARY	☒ Change ☐ Addition
NAME	ALVIN ROCKOFF	3.2 NAME	IRVING SHAPIRO	
STREET ADDRESS	963 CURTIS PLACE	3.3 STREET ADDRESS	% SULLIVANS	
CITY-ST-ZIP	NORTH BURNSWICK NJ	3.4 CITY-ST-ZIP	RTE 17 & 52 LIBERTY, NY 12754	
TITLE	T	4.1 TITLE		☐ Change ☐ Addition
NAME	NAFTALY, ROBERT	4.2 NAME		
STREET ADDRESS	600 EAST LAFAYETTE	4.3 STREET ADDRESS		
CITY-ST-ZIP	DETROIT MI	4.4 CITY-ST-ZIP		
TITLE	D	5.1 TITLE		☐ Change ☐ Addition
NAME	FOXMAN, ABRAHAM H.	5.2 NAME		
STREET ADDRESS	823 UNITED NATIONS PLAZA	5.3 STREET ADDRESS		
CITY-ST-ZIP	NEW YORK NY	5.4 CITY-ST-ZIP		
TITLE	D	6.1 TITLE		☐ Change ☐ Addition
NAME	WILLNER, PETER T	6.2 NAME		
STREET ADDRESS	823 UNITED NATIONS PLAZA	6.3 STREET ADDRESS		
CITY-ST-ZIP	NEW YORK NY	6.4 CITY-ST-ZIP		

AF 3/4

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)(i), 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: ABRAHAM H. FOXMAN 2/27/95 212-490-2525
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0006092