

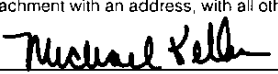


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 05, 2007 8:00 am**  
**Secretary of State**

03-05-2007 90043 048 \*\*\*\*61.25

<b>DOCUMENT # P24703</b> 1. Entity Name ANTI-DEFAMATION LEAGUE OF B'NAI B'RITH, INCORPORATED					
Principal Place of Business 2 SOUTH BISCAYNE BLVD. STE. 2650 MIAMI, FL 33131-1802 US			Mailing Address 605 THIRD AVENUE ATTN: MIRA ABRAMORA NEW YORK, NY 10158 US		
2. Principal Place of Business - No P.O. Box # <b>621 NW 53rd Street</b>		3. Mailing Address Suite, Apt. #, etc. <b>Suite 450</b>			
City & State <b>Boca Raton, FL</b>		City & State <b>Boca Raton, FL</b>			
Zip <b>33487-8283</b>		Country <b>US</b>		4. FEI Number <b>13-1818723</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent TEITELBAUM, ARTHUR N 2 SOUTH BISCAYNE, BLVD STE. 2650 MIAMI, FL 33131			7. Name and Address of New Registered Agent Name <b>Rosenkranz, Andrew</b> Street Address (P.O. Box Number is Not Acceptable) <b>621 NW 53rd Street, Suite 450</b> <b>One Park Place</b> City <b>Boca Raton</b> <b>FL</b> Zip Code <b>33487</b>		
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  DATE <b>2/20/2007</b> <small>(NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	NC BALSER, BARBARA 823 UNITED NATIONS PLAZA NEW YORK, NY 10017	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	National Chair Lewy, Glen S. 605 Third Avenue New York, NY 10158	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MEHLER, I. BARRY 3490 PIEDMONT ROAD, NE, SUITE 1300 ATLANTA, GA 30305	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T NAFTALY, ROBERT 600 EAST LAFAYETTE DETROIT, MI	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ND FOXMAN, ABRAHAM H 823 UNITED NATIONS PLAZA NEW YORK, NY	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	COO STERN, CARYL 823 UNITED NATIONS PLAZA NEW YORK, NY 10017	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO KELLMAN, MICHAEL M 823 UNITED NATIONS PLAZA NEW YORK, NY 10017	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 the filing and that I am not a resident of the State of Florida; 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: 			Associate National Director Chief Financial Officer Anti-Defamation League		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNER			Date <b>2/20/2007</b> Daytime Phone #		