

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 17, 2006 8:00 am
Secretary of State

01-17-2006 90231 001 ****61.25

DOCUMENT # P29797

1. Entity Name
INTERNATIONAL RESCUE COMMITTEE, INC.



Principal Place of Business
**122 EAST 42ND ST
NEW YORK, NY 10168-1289 US**

Mailing Address
**122 EAST 42ND ST
NEW YORK, NY 10168-1289 US**

DO NOT WRITE IN THIS SPACE



01052006 No Chg-NP CR2E037 (11/05)

4. FEI Number 13-5660870	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525**

**DO NOT WRITE
IN THIS SPACE**

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

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	RUPP, GEORGE
STREET ADDRESS	122 E 42ND ST
CITY-ST-ZIP	NEW YORK, NY 10168

TITLE	CFO
NAME	LONG, PAT
STREET ADDRESS	122 E 42ND ST
CITY-ST-ZIP	NEW YORK, NY 10168

TITLE	S
NAME	BLINKEN, VERA
STREET ADDRESS	122 E 42ND ST
CITY-ST-ZIP	NEW YORK, NY 10168

TITLE	T
NAME	BATKIN, ALAN
STREET ADDRESS	122 E 42ND STREET
CITY-ST-ZIP	NEW YORK, NY 10168

TITLE	C
NAME	BATKIN, ALAN R
STREET ADDRESS	122 E 42ND STREET
CITY-ST-ZIP	NEW YORK, NY 10168

TITLE	C
NAME	NEISNER, JONATHAN L
STREET ADDRESS	122 EAST 42ND ST
CITY-ST-ZIP	NEW YORK, NY 10168

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IN THIS SPACE**

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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/05/06 212-557-2729
Date Daytime Phone #