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 APR 28 PM 7:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P29884 (4)

1. Corporation Name
52 ASSOCIATION FOR THE HANDICAPPED, INC.

Principal Place of Business	Mailing Address
ONE LIBERTY PLAZA STE - 2922 NEW YORK NY 10006 US	ONE LIBERTY PLAZA STE - 2922 NEW YORK NY 10006 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/21/1990
3a. Date of Last Report: 05/19/1994
4. FEI Number: 13-1642360 ☐ Applied For ☐ Not Applicable
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

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

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
TANNONBAUM, BARNET 21964 CYPRESS BOCA FL 33433	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	P T	1.1 TITLE	☐ Change ☐ Addition
NAME	AICHER, JOSEPH R	1.2 NAME	
STREET ADDRESS	19 LAKE PARK COURT	1.3 STREET ADDRESS	
CITY-ST-ZIP	GERMANTOWN MD	1.4 CITY-ST-ZIP	
TITLE	S T	2.1 TITLE	☐ Change ☐ Addition
NAME	TANNENBAUM, BARNET	2.2 NAME	
STREET ADDRESS	21964 CYPRESS DR	2.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL	2.4 CITY-ST-ZIP	
TITLE	VP T	3.1 TITLE	☐ Change ☐ Addition
NAME	PURDY, RALPH	3.2 NAME	
STREET ADDRESS	540 N STATE RD	3.3 STREET ADDRESS	
CITY-ST-ZIP	BRIARCLIFF MANOR NY	3.4 CITY-ST-ZIP	
TITLE	S T	4.1 TITLE	☐ Change ☐ Addition
NAME	BODKER, RUTH	4.2 NAME	
STREET ADDRESS	345 EAST 52ND ST	4.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY	4.4 CITY-ST-ZIP	
TITLE	S T	5.1 TITLE	☐ Change ☐ Addition
NAME	RYAN, WILLIAM	5.2 NAME	
STREET ADDRESS	286 CROTON DAM RD	5.3 STREET ADDRESS	
CITY-ST-ZIP	OSSINING NY	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	☐ Change ☐ Addition
NAME	WEINBERG, ALLAN D	6.2 NAME	
STREET ADDRESS	ONE LIBERTY PLAZA / STE - 2922	6.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY	6.4 CITY-ST-ZIP	

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: ALLAN D. WEINBERG S D 21 APR 95 212 346 5586
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL AND TITLE OF OFFICER OR DIRECTOR — Date — Daytime Phone #

007B100