

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS** FILED
Apr 23, 1999 8:00 am
Secretary of State 04-23-1999 90107 007 ****61.25

1999 **DOCUMENT # P34288**

1. Corporation Name THE BROOKDALE FOUNDATION, INC.

Principal Place of Business

Mailing Address

126 E. 56TH STREET 10TH FLOOR 10TH FLOOR NEW YORK NY 10022-3668 US 126 E. 56TH STREET 10TH FLOOR NEW YORK NY 10022-3668 US										
Principal Place of Business Za. Mailing Address						3. Date Incorporated or Qualifed 06/04/1991				
21		Suite Ant # etc				4. FEI Number			pplied For	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			13-6076863			ot Applicable		
22 City & State		City & State				Certificate of Status Desired	\$8.75 Additional Fee Required			
23										
Zip 24	Country 25	Zip 29 30	Country	y		6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees				
9. Name and Address of Current Registered Agent						10. Name and Address of New Ro	egistered A	gent		
					81 Name					
HALL, VALERIE A. 15693 ANDERSON LANE			82	2 8	Street Addres	ss (P.O. Box Number is Not Acceptat	ble)	_		
	S FL 33912		83	1		,				
			84		City		FL		Code	
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes. SIGNATURE										
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered				ent sig	gnature required v	when reinstating) ADDITIONS/CHANGES TO OFF	DATE	NIDECT	ODE IN 12	
12.	U per err					ADDITIONS/CHANGES TO OFF	ICERS AND	Change		
TITLE	PD	☐ DELETE	1.1 TITLE					Clarige		
NAME	SCHWARTZ, STEPHEN L.		1.2 NAME							
STREET ADDRESS				1.3 STREET ADDRESS					1	
CITY-ST-ZIP	NEW YORK NY		1.4 CITY-S	ST-ZI	IP			Change	Addition	
TITLE	VPD DELETE		2.1 TITLE					[] Change	L. Addition	
NAME	VAN CLIEF, MARY ANN		2.2 NAME							
STREET ADDRESS	601 TEANECK ROAD		2.3 STREET ADI		DRESS				- [
CITY-ST-ZIP	RIDGEFIELD PARK NJ	·	2. 4 CITY-	ST-Z	IP .			=1.00		
TITLE	TS DELETE							Change	☐ Addition	
NAME	PEREIRA, JEANETTE		3.2 NAME							
STREET ADDRESS	180 FLORAL PARKWAY		3.3 STREE	TAD	DRESS					
CITY-ST-ZIP			3.4. CITY-9	ST-Z	3P					
TITLE	D	☐ DELETE	4.1 TITLE			•		Change	Addition	
NAME	FIELD, ARTHUR NORMAN		4. 2 NAME	Ē					ſ	
STREET ADDRESS	35 SUTTON PLACE		4.3 STREE	CA TE	DRESS				}	
CITY-ST-ZIP	NEW YORK NY		4.4 CITY- 9	ST-ZI	IP					
TITLE	, , , ,		5.1 TITLE					Change	Addition	
NAME,	BIGGS, VICTOR		5.2 NAME							
STREET ADDRESS	MESS LIST INACONOTICOLITO AVE		5.3 STREE	5.3 STREET ADDRESS					İ	
CITY-ST-ZIP	ENGLEWOOD FL	<u> </u>	5.4 CITY- 9		IP					
TITLE	D	DELETE	6.1 TITLE			_		☐ Change	Addition	
NAME	JULIBER, LOIS		6.2 NAME							
STREET ADDRESS	SE E CHE ALCANIE		6.3 STREE	ET AD	DRESS				ļ	
CITY-ST-ZIP	NEW YORK NY		6.4 CITY-5	ST-ZI	1P					

14. 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 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 chapted, or on an attachment with an address, with all other like empowered.

gnette Pereira

SIGNATURE: