2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 16, 2008
Secretary of State

DOCUMENT# P34755

Entity Name: AMERICAN FOUNDATION FOR THE BLIND, INC.

Current Principal Place of Business:

11 PENN PLAZA, SUITE 300
NEW YORK, NY 10001

New Principal Place of Business:

Current Mailing Address:

11 PENN PLAZA, SUITE 300
NEW YORK, NY 10001

New Mailing Address:

FEI Number: 13-5562161 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DRIVE
SUITE 4
WESTON, FL 33331 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	C	( ) Delete
Name:	O'BRIEN, RICHARD J	
Address:	27 SAUNDERS PLACE	
City-St-Zip:	POMPTON PLAINS, NJ 07444	
Title:	S	( ) Delete
Name:	EMAS, TORIA	
Address:	321 SOUTH PLYMOUTH COURT	
City-St-Zip:	CHICAGO, IL 60604	
Title:	V	( ) Delete
Name:	DUFFY, JOHN A	
Address:	2 COLUMBUS AVENUE, SUITE 38A	
City-St-Zip:	NEW YORK, NY 10023	
Title:	P	( ) Delete
Name:	AUGUSTO, CARL R	
Address:	11 PENN PLAZA, SUITE 300	
City-St-Zip:	NEW YORK, NY 10001	
Title:	T	( ) Delete
Name:	TONKS, PETER	
Address:	619 ALEXANDER ROAD, 3RD FL	
City-St-Zip:	PRINCETON, NJ 08540	
Title:	AT	( ) Delete
Name:	DECKER, WALTER	
Address:	11 PENN PLAZA, SUITE 300	
City-St-Zip:	NEW YORK, NY 10001	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WALTER DECKER AT 05/16/2008
Electronic Signature of Signing Officer or Director — Date