

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P34755

FILED
Feb 10, 2009
Secretary of State

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 ()

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: C (X) Change () Addition
Name: O'BRIEN, RICHARD J
Address: C/O AFB 11 PENN PLAZA, SUITE 300
City-St-Zip: NEW YORK,, NY 10001

Title: S (X) Change () Addition
Name: EMAS, TORIA
Address: C/O AFB 11 PENN PLAZA, SUITE 300
City-St-Zip: NEW YORK, NY 10001

Title: V (X) Change () Addition
Name: DUFFY, JOHN A
Address: C/O AFB 11 PENN PLAZA, SUITE 300
City-St-Zip: NEW YORK, NY 10001

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

Title: T (X) Change () Addition
Name: TONKS, PETER
Address: C/O AFB 11 PENN PLAZA, SUITE 300
City-St-Zip: NEW YORK, NY 10001

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

02/10/2009

Electronic Signature of Signing Officer or Director

Date