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Apr 04 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Northam</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P38156** (6)

1. Corporation Name

**NATIONAL COMMITTEE FOR LABOR ISRAEL - ISRAEL HIS  
TADRUT CAMPAIGN, INC.**

Principal Place of Business

Mailing Address

**275 7TH AVE  
6TH FLOOR  
NEW YORK NY 10001  
US**

**275 7TH AVE  
6TH FLOOR  
NEW YORK NY 10001-6708  
US**

3. Date Incorporated or Qualified

**04/02/1992**

3a. Date of Last Report

**04/22/1996**

2. Principal Place of Business

2a. Mailing Address

**21** Suite, Apt. #, etc.

**26** Suite, Apt. #, etc.

**22** City & State

**27** City & State

**23** Zip

**25** Country

**28** Zip

**30** Country

4. FEI Number

**13-1662100**

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**

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

☐

Yes

☐

No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**THE PRENTICE-HALL CORPORATION SYSTEM INC.  
1201 HAYS STREET  
SUITE 105  
TALLAHASSEE FL 32301**

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 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 Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **P** ☐ DELETE  
NAME **MAZUR, JAY**  
STREET ADDRESS **C/O 1710 BROADWAY**  
CITY - ST - ZIP **NEW YORK NY**

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY - ST - ZIP

TITLE **V** ☐ DELETE  
NAME **GOODMAN, JERRY**  
STREET ADDRESS **275 7TH AVE**  
CITY - ST - ZIP **NEW YORK NY**

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY - ST - ZIP

TITLE **ST** ☐ DELETE  
NAME **STAMLER, ANN**  
STREET ADDRESS **275 7TH AVE**  
CITY - ST - ZIP **NEW YORK NY**

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY - ST - ZIP

TITLE **D** ☐ DELETE  
NAME **BAHR, MORTON**  
STREET ADDRESS **501 3RD STREET, N.W.**  
CITY - ST - ZIP **WASHINGTON DC**

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY - ST - ZIP

TITLE **D** ☒ DELETE  
NAME **BARITZ, LOREN PROF.**  
STREET ADDRESS **155 AMHERST STREET**  
CITY - ST - ZIP **GRANBY MA**

5.1 TITLE ☐ Change ☒ Addition  
5.2 NAME **Director**  
5.3 STREET ADDRESS **Lenore Miller**  
5.4 CITY - ST - ZIP **c/o 30 E. 29 St.**  
**New York, NY**

TITLE **D** ☐ DELETE  
NAME **COHAN, LEON S.**  
STREET ADDRESS **% 2000 SECOND AVE.**  
CITY - ST - ZIP **DETROIT MI**

6.1 TITLE ☐ Change ☒ Addition  
6.2 NAME **Director**  
6.3 STREET ADDRESS **Sheinkman, Jack**  
6.4 CITY - ST - ZIP **c/o 15 Union Square**  
**New York, NY**

14. I do 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 changed, or on an attachment with an address.

SIGNATURE:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*[Signature]* **2/31/97 212-647-0300**  
Date Daytime Phone # **0078078**

CP2E037 (9/96)