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Apr 14 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham 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
US**

3. Date Incorporated or Qualified

04/02/1992

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**

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

24

Country

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

29

Country

30

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **P** ☐ DELETE

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

TITLE **V** ☐ DELETE

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

TITLE **ST** ☐ DELETE

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

TITLE **D** ☐ DELETE

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

TITLE **D** ☐ DELETE

NAME **MILLER, LENORE**
STREET ADDRESS **30 E 29TH STREET**
CITY-ST-ZIP **NEW YORK NY**

TITLE **D** ☒ DELETE

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☒ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

**Director
Sheinkman, Jack
c/o 15 Union Square
New York, NY 10003**

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 changed, or on an attachment with an address.

SIGNATURE:

Ann Stampler

Ann Stampler

4/6/98 212-647-0300

CR2E037 (10/97)