

FILE NOW: FILING FEE IS \$61.25

FILED

Jan 28, 1999 8:00am  
Secretary of State

01-28-1999 90020 050 \*\*\*\*\*61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P38156

1. Corporation Name

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

Principal Place of Business

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

Mailing Address

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



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

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

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

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 SHEINKMAN, JACK  
STREET ADDRESS C/O 15 UNION SQUARE  
CITY-ST-ZIP NEW YORK NY 10003

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/10/99 212-647-0300

CR2E037 (11/98)