

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

Jan 19, 2005 08:00 AM
Secretary of State

DOCUMENT # P38156

1. Entity Name
NATIONAL COMMITTEE FOR LABOR ISRAEL - ISRAEL
HISTADRUT CAMPAIGN, INC.



Principal Place of Business
275 7TH AVE
15TH FL
NEW YORK, NY 10001 US

Mailing Address
275 7TH AVE
15 FL
NEW YORK, NY 10001 US



01042005 No Chg-NP

CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
13-1662100

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when rehashing)

DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

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

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

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

UB0000185049
01/20/05-80057-011 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Ann Stampler
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Ann Stampler

1/10/05 212-647-0300
Date Daytime Phone #