2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 08, 2016
Secretary of State
CC8860232013

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Entity Name: LAURENCE W. LEVINE FOUNDATION, INC.

Current Principal Place of Business:

47 GILLETTE AVENUE
BAYPORT, NY 11705

Current Mailing Address:

47 GILLETTE AVENUE
BAYPORT, NY 11705

FEI Number: 65-0535001

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

DEFINA, ROSEANN AGENT
FIDUCIARY TRUST COMPANY INTL
600 FIFTH AVENUE
NEW YORK, FL 10020 US

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: ROSEANN DEFINA 03/08/2016

Electronic Signature of Registered Agent — Date

Officer/Director Detail :

Title	P
Name	KANE, SUSAN
Address	47 GILLETTE AVENUE
City-State-Zip:	BAYPORT NY 11705

Title	D
Name	KANE, RUSSELL
Address	226 ROOSEVELT WAY
City-State-Zip:	WESTBURY NY 11590

Title	D
Name	LOGUE, LESLEY
Address	4 NURSERY ROAD
City-State-Zip:	MELVILLE NY 11747

Title	DIRECTOR
Name	LEVINE, MICHAEL
Address	58 LAWRENCE FARMS CROSSING
City-State-Zip:	CHAPPAQUA NY 10514

Title	VP
Name	LEVINE, JAY
Address	34 GRAMERCY PARK
City-State-Zip:	NEW YORK NY 10003

Title	D
Name	FELDMAN, BETH
Address	656 FOREST AVE
City-State-Zip:	LARCHMONT NY 10538

Title	D
Name	LEVINE, JAMES
Address	34 GRAMERCY PARK
City-State-Zip:	NEW YORK NY 10003

Title	DIRECTOR
Name	LEVINE, MICHAEL
Address	58 LAWRENCE FARMS CROSSING
City-State-Zip:	CHAPPAQUA NY 10514

I hereby 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 all other like empowered.

SIGNATURE: SUSAN KANE PRESIDENT 03/08/2016

Electronic Signature of Signing Officer/Director Detail — Date