

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N95000004629

**Entity Name:** C.A.U. CEDARS, INC.**Current Principal Place of Business:**1090 VERMONT AVENUE NW, SUITE 400  
NEW YORK, NY 10168**Current Mailing Address:**1090 VERMONT AVENUE NW, SUITE 400  
NEW YORK, NY 10168 US**FEI Number:** 52-1949586**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**NATIONAL CORPORATE RESEARCH,LTD.,INC.  
115 NORTH CALHOUN ST.  
SUITE 4  
TALLAHASSEE, FL 32301 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:**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title PRESIDENT, DIRECTOR  
Name BURNS, RICHARD F  
Address 1090 VERMONT AVENUE NW  
SUITE 400  
City-State-Zip: WASHINGTON DC 20005

Title VP, DIRECTOR  
Name WIEDORFER, JOSEPH P  
Address 1090 VERMONT AVENUE, N.W., SUITE  
400  
City-State-Zip: WASHINGTON DC 20005

Title SECRETARY/DIRECTOR  
Name VACCARO, THOMAS  
Address 1090 VERMONT AVENUE, N.W., SUITE  
400  
City-State-Zip: WASHINGTON DC 20005

Title TREASURER  
Name PARKINSON, GARY J  
Address 1090 VERMONT AVENUE NW, SUITE  
400  
City-State-Zip: NEW YORK NY 10168

Title VP  
Name MITCHELL, FRED C  
Address 1090 VERMONT AVENUE NW, SUITE  
400  
City-State-Zip: NEW YORK NY 10168

Title VP  
Name GREEN, STEPHEN M.  
Address 1090 VERMONT AVENUE NW, SUITE  
400  
City-State-Zip: WASHINGTON DC 20005

*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:** THOMAS G. VACCARO**SECRETARY****04/27/2016**

Electronic Signature of Signing Officer/Director Detail

Date