

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000004629

Entity Name: C.A.U. CEDARS, INC.**Current Principal Place of Business:**122 EAST 42ND ST., SUITE 3605
NEW YORK, NY 10168**Current Mailing Address:**122 EAST 42ND ST., SUITE 3605
NEW YORK, NY 10168 US**FEI Number:** 52-1949586**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525 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	PD
Name	BURNS, RICHARD F
Address	122 EAST 42ND STREET, SUITE 3605
City-State-Zip:	NEW YORK NY 10168

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

Title	VP
Name	MITCHELL, FRED C
Address	122 EAST 42ND STREET, SUITE 3605
City-State-Zip:	NEW YORK NY 10168

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

Title	T
Name	PARKINSON, GARY J
Address	122 EAST 42ND STREET, SUITE 3605
City-State-Zip:	NEW YORK NY 10168

Title	D
Name	WIEDORFER, JOSEPH P
Address	%THE NHP FOUNDATION 1090 VERMONT AVE, #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 VACCARO**SENIOR VICE PRESIDENT** 02/10/2014

Electronic Signature of Signing Officer/Director Detail

Date