

**2015 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F94000001923

**Entity Name:** THE AMERICAN SOCIETY FOR THE PREVENTION OF  
CRUELTY TO ANIMALS, INC.**Current Principal Place of Business:**424 EAST 92ND STREET  
NEW YORK, NY 10128**Current Mailing Address:**424 EAST 92ND STREET  
NEW YORK, NY 10128**FEI Number: 13-1623829****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATE CREATIONS NETWORK INC.  
11380 PROSPERITY FARMS ROAD  
#221E  
PALM BEACH GARDENS, FL 33410 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 & CEO
Name	BERSHADKER, MATTHEW
Address	424 EAST 92ND STREET
City-State-Zip:	NEW YORK NY 10128

Title	DIRECTOR CHAIRMAN
Name	WRAY, TIM F
Address	424 EAST 92ND STREET
City-State-Zip:	NEW YORK NY 10128

Title	DIRECTOR TREASURER
Name	GRADIN, FREDRIK
Address	424 EAST 92ND STREET
City-State-Zip:	NEW YORK NY 10128

Title	DIRECTOR SECRETARY
Name	SPOONER, SALLY
Address	424 EAST 92ND STREET
City-State-Zip:	NEW YORK NY 10128

Title	SENIOR VICE PRESIDENT OF OPERATIONS
Name	LEVIN GOODSTINE, SARAH
Address	424 EAST 92ND STREET
City-State-Zip:	NEW YORK NY 10128

Title	SENIOR VICE PRESIDENT & CFO
Name	RICHMAN, JOHANNA M
Address	424 EAST 92ND STREET
City-State-Zip:	NEW YORK NY 10128

*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: SARAH LEVIN GOODSTINE****SENIOR VICE PRESIDENT 04/30/2015  
OF OPERATIONS**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date