

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

DOCUMENT# 811176

**FILED**  
**Apr 24, 2015**  
**Secretary of State**  
**CC6099471702**

**Entity Name:** HADASSAH, THE WOMEN'S ZIONIST ORGANIZATION OF AMERICA, INC.

**Current Principal Place of Business:**

40 WALL STREET  
NEW YORK, NY 10005

**Current Mailing Address:**

ATTN: MAXINE COHN/ LEGAL DEPT.  
40 WALL STREET  
NEW YORK, NY 10005 US

**FEI Number: 13-1656651**

**Certificate of Status Desired: Yes**

**Name and Address of Current Registered Agent:**

REGISTERED AGENT CORPORATION  
% WARREN SALOMON, ESQ.  
1665 SO BAYSHORE DR  
MIAMI, FL 33133 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 TD  
Name SCHWARTZ, RONI  
Address 40 WALL STREET  
City-State-Zip: NEW YORK NY 10005

Title D  
Name SHERMAN, SHELLEY  
Address 40 WALL STREET  
City-State-Zip: NEW YORK NY 10005

Title SD  
Name SHERECK, JUDY  
Address 40 WALL STREET  
City-State-Zip: NEW YORK NY 10005

Title PD  
Name NATAN, MARCIE E  
Address 40 WALL STREET  
City-State-Zip: NEW YORK NY 10005

Title VPD  
Name HERSHFIELD, KATHY  
Address 40 WALL STREET  
City-State-Zip: NEW YORK NY 10005

Title VPD  
Name MINDY, BLOOM  
Address 40 WALL STREET  
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Title VPD  
Name DAVIDSON, LISA  
Address 40 WALL STREET  
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Title VPD  
Name ROSENBERG, FRIEDA  
Address 40 WALL STREET  
City-State-Zip: NEW YORK NY 10005

**Continues on page 2**

*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: JUDY SHERECK**

**SECRETARY**

**04/24/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title D  
Name MOYE, SUSAN  
Address 40 WALL STREET  
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Title VPD  
Name WERNER, LAURIE  
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Name KALMANSON, CARMELA E.  
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