

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F95000005439

FILED  
Apr 29, 2008  
Secretary of State

**Entity Name:** INTERNATIONAL RELIEF FRIENDSHIP FOUNDATION, INC.

**Current Principal Place of Business:**

177 WHITE PLAINS RD  
50F  
TARRYTOWN, NY 10591

**New Principal Place of Business:**

**Current Mailing Address:**

177 WHITE PLAINS RD  
50F  
TARRYTOWN, NY 10591

**New Mailing Address:**

**FEI Number:** 51-0200715      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

SAPP, RICHARD  
923 MELBA ST.  
JACKSONVILLE, FL 32205      US

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

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

**OFFICERS AND DIRECTORS:**

Title: T      ( ) Delete  
Name: KWAK, C.H.  
Address: 548 SO. BROADWAY  
City-St-Zip: TARRYTOWN, NY

Title: T      ( ) Delete  
Name: SALONEN, NEIL A  
Address: 14415 BAUER DR  
City-St-Zip: ROCKVILLE, MD

Title: T      ( ) Delete  
Name: YOSHIDA, SHUNICHIRO  
Address: 47 TAXTER RD  
City-St-Zip: IRVINGTON, NY 10533

Title: VP      ( ) Delete  
Name: WININGS, KATHY  
Address: 177 WHITE PLAINS RD, 50F  
City-St-Zip: TARRYTOWN, NY 10591

Title: ED      ( ) Delete  
Name: TSUMAGARI, MUNENORI I  
Address: 880 RT. 199  
City-St-Zip: RED HOOK, NY 12571

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: KATHY WININGS

VP

04/29/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date