

FILE NOW: FILING FEE IS \$61.25

FILED  
Apr 23 1997 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N29836 (6)

CELIA WACHS BERMAN FOUNDATION, INC.



Principal Place of Business: 9 UNION AVE. BALA CYNWYD PA 19004  
Mailing Address: 9 UNION AVE. BALA CYNWYD PA 19004

J. Date Incorporated or Qualified: 12/21/1988  
3a. Date of Last Report: 05/01/1996

21. Principal Place of Business, 22. Suite, Apt. #, etc., 23. City & State, 24. Zip, 25. Country, 26. Mailing Address, 27. Suite, Apt. #, etc., 28. City & State, 29. Zip, 30. Country, 31. FEI Number: 65-0112893, 32. Certificate of Status Desired, 33. Election Campaign Financing, 34. This corporation has liability for intangible tax under s. 199.032, Florida Statutes.

9. Name and Address of Current Registered Agent: OSBORNE, HANKINS, MCLAUREN & REDGRAVE, 998 S. FEDERAL HWY., 2ND FLOOR, DRAWER 40, BOCA RATON FL 33421-9740. 10. Name and Address of New Registered Agent.

11. Pursuant to the provisions of Sections 617.0602 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0603, Florida Statutes.

SIGNATURE: [Signature] DATE: [Date]

Table with 12 columns for Officers and Directors (12.1-12.4) and 13 columns for Changes to Officers and Directors (13.1-13.4). Includes names like Berman, Morton J., Berman, Robert A., Berman, Philip A., Milstein, Janis.

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made uncoerced; 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [Signature] DATE: 4/11/97 (215) 839-6700