

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 26, 2000 8:00 am
Secretary of State

04-26-2000 90037 001 ****61.25

DOCUMENT # N29836
1. Entity Name
 CELIA WACHS BERMAN FOUNDATION, INC.

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

2. Principal Place of Business **3. Mailing Address**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State
 Zip Country Zip Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 05-0112893 **Applied For**
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
 OSBORNE, HANKINS, McLAUREN + REDGRAVE
 998 S. FEDERAL HWY, 2ND FLOOR
 DRAWER 40
 BOCA RATON, FL 33421-9740

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

8. 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 _____
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	BERMAN, MORTON J.	
STREET ADDRESS	4008 BOCAIRE BLVD	
CITY-ST-ZIP	BOCA RATON, FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	BERMAN, ROBERT A.	
STREET ADDRESS	4 HANSEN COURT	
CITY-ST-ZIP	NARBETH, PA	
TITLE	D	<input type="checkbox"/> Delete
NAME	BERMAN, PHILIP A.	
STREET ADDRESS	254 COPPER BEECH DR.	
CITY-ST-ZIP	BLUE BELL, PA	
TITLE	D	<input type="checkbox"/> Delete
NAME	MILSTEIN, JANIS	
STREET ADDRESS	710 PERIWINKLE LANE	
CITY-ST-ZIP	WYNNEWOOD, PA	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Morton J. Berman* 3/14/00 561-992-0854