

**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Apr 27, 2007  
Secretary of State**

DOCUMENT# N99000004412

Entity Name: THE MANDELL FAMILY FOUNDATION, INC.

**Current Principal Place of Business:**

1402 DEVONSHIRE WAY  
C/O LEONORE SCHENKER  
PALM BEACH GARDENS, FL 33418

**New Principal Place of Business:**

**Current Mailing Address:**

1402 DEVONSHIRE WAY  
C/O LEONORE SCHENKER  
PALM BEACH GARDENS, FL 33418

**New Mailing Address:**

FEI Number: 65-0937789      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

SCHENKER, LEONORE  
1402 DEVONSHIRE WAY  
PALM BEACH GARDENS, FL 33418      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: DS      ( ) Delete  
Name: SCHENKER, LEONORE  
Address: 1402 DEVONSHIRE WAY  
City-St-Zip: PALM BEACH GARDENS, FL 33418

Title: DT      ( ) Delete  
Name: MANDELL, RICHARD  
Address: 666 GREENWICH ST., APT. 816  
City-St-Zip: NEW YORK, NY 10014

Title: DAT      ( ) Delete  
Name: MANDELL, JAMES  
Address: 655 LONGACRE LANE  
City-St-Zip: YARDLEY, PA 19067

Title: DP      ( ) Delete  
Name: SUGARMAN, MARGERY  
Address: 17 INTERLACKEN DR  
City-St-Zip: EASTCHESTER, NY 10709

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

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

Title: DT      (X) Change ( ) Addition  
Name: MANDELL, RICHARD  
Address: 70 WASHINGTON STREET, APT 5B  
City-St-Zip: BROOKLYN, NY 12201

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: RICHARD MANDELL

DT

04/27/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date