

1.) CORPORATION NAME:

**BETH MEDRASH GOVOHA OF AMERICA**

DUE DATE: **12/31/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CT CORPORATION SYSTEM  
4701 COX ROAD, SUITE 285  
GLEN ALLEN, VA**

SCC ID NO: **F1844093**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
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3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**HENRICO COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:

**NJ**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 617 6TH STREET

CITY/ST/ZIP: LAKEWOOD, NJ 08701

7.) DIRECTORS AND PRINCIPAL OFFICERS:

All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME: MALKIEL KOTLER TITLE: PRESIDENT ADDRESS: 521 FIFTH ST CITY/ST/ZIP/CO: LAKEWOOD, NJ 08701	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: ABRAHAM BIDERMAN TITLE: DIRECTOR ADDRESS: 5624 17TH AVENUE CITY/ST/ZIP/CO: BROOKLYN, NY 11204	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: AARON ELBOGEN TITLE: DIRECTOR ADDRESS: 1650 49TH STREET CITY/ST/ZIP/CO: BROOKLYN, NY 11204	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: SHLOMO FEIGENBAUM TITLE: DIRECTOR ADDRESS: 1755 51ST STREET CITY/ST/ZIP/CO: BROOKLYN, NY 11204	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: GARY BARNETT TITLE: DIRECTOR ADDRESS: 805 THIRD AVE CITY/ST/ZIP/CO: NY, NY 10022	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: MITCH DAVIDSON TITLE: DIRECTOR ADDRESS: 805 THIRD AVE CITY/ST/ZIP/CO: NY, NY 10022	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MOSHE YITZCHOK ESFORMES DIRECTOR 6865 NORTH LINCOLN AVE LINCOLNWOOD, IL 60712	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	HOWARD TZVI FRIEDMAN DIRECTOR 6201 GREEN MEADOW WAY BALTIMORE, MD 21209	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MEIR GELLEY DIRECTOR 429 15TH STREET LAKEWOOD, NJ 08701	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	SHIMON GLICK DIRECTOR 441 WEST END AVE NY, NY 10024	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DAVID GRUNHUT DIRECTOR 1431 NORTH LAKE DR LAKEWOOD, NJ 08701	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	CHARLES HERZKA DIRECTOR 3177 BEDFORD AVE BROOKLYN, NY 11210	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	RALPH HERZKA DIRECTOR 3420 BEDFORD AVE BROOKLYN, NY 11210	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	AMIR JAFFA DIRECTOR 650 SAFEGUARD PLAZA BROOKLYN HEIGHTS, OH 44131	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	YAAKOV KAPLAN DIRECTOR 114 CARIBOU RD NORTH YORK, ONT M5N 2B2, CA	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MENDY KLEIN DIRECTOR 200 PUBLIC SQUARE CLEVELAND, OH 44114	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ELLY KLEINMAN DIRECTOR 171 KINGS HIGHWAY BROOKLYN, NY 11229	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MEIR LEVIN DIRECTOR 5303 EAST WASHINGTON BLVD COMMERCE, CA 90040	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	SIMON MASRI DIRECTOR 10370 RICHMOND AVE HOUSTON, TX 77042	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	WARREN NEWFIELD DIRECTOR 3 HARAKEVET JERUSALEM, 93502, IL	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	SHLOMO RECHNITZ DIRECTOR 102 NORTH ALTA VISTA BLVD LOS ANGELES, CA 90036	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	AVRUMIE RIEDER DIRECTOR 705 ROYAL OAKS CT MONMOUTH JUNCTION, NJ 08852	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	YUSSI RIEDER DIRECTOR 5701 ELEVENTH AVE BROOKLYN, NY 11219	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ALEXANDER SCHARF DIRECTOR 545 WEST END AVE NY, NY 10024	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	AVI SCHRON DIRECTOR 45 BROADWAY NY, NY 10006	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DAVID SEBBAG DIRECTOR 1625 YATES STREET DENVER, CO 80204	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	HARRY SKYDELL DIRECTOR 441 WEST END AVE NY, NY 10024	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	GARY TORGOW DIRECTOR 2301 WEST BIG BEAVER TROY, MI 48084	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	GEDALIAH WEINBERGER DIRECTOR 1757 EAST 23RD STREET BROOKLYN, NY 11229	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	SOL WERDIGER DIRECTOR 1412 BROADWAY NY, NY 10018	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	CAREY WOLCHOK DIRECTOR 156 WEST 56TH STREET NY, NY 10019	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	REUVAIN WOLF DIRECTOR 1619 51ST STREET BROOKLYN, NY 11204	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ABRAHAM WOLFSON DIRECTOR 1179 EAST 21ST STREET BROOKLYN, NY 11210	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MORRIS WOLFSON DIRECTOR 621 HICKSVILLE RD FAR ROCKAWAY, NY 11691	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MOSHE ZAFIR DIRECTOR 1551 53RD STREET BROOKLYN, NY 11219	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	IRA ZICHERMAN DIRECTOR 1192 EAST 22ND STREET BROOKLYN, NY 11210	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	RALPH ZUCKER DIRECTOR 52 CABINFIELD CIRCLE LAKEWOOD, NJ 08701	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	AARON KOTLER CEO 509 CAREY STREET LAKEWOOD , NJ 08701	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	YITZCHOK SHRAGA KOTLER VICE PRESIDENT 288 FOREST AVE LAKEWOOD, NJ 08701	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR

NAME:	ELIEZER KUPERMAN	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SECRETARY/TREAS		
ADDRESS:	925 FOREST AVE		
CITY/ST/ZIP/CO:	LAKWOOD, NJ 08701		

I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.

/s/ MALKIEL KOTLER	MALKIEL KOTLER, PRESIDENT	1/20/2014
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	DATE

It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.