FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT **1999**

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 09, 1999 8:00 am
Secretary of State
03-09-1999 90130 001 ****61.25

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DOCUMENT # **765617**

1. Corporation Name
CLAN ROSS ASSOCIATION OF THE UNITED STATES, INC.

Principal Place of Business	Mailing Address
P.O. BOX 472 PEVELY MO 63070 US	P.O. BOX 472 PEVELY MO 63070 US

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 11/01/1982
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2369997 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip / Country 24 / 25	Zip / Country 29 / 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

ROSS, LAWERENCE F
205 REDWING COURT
CASSELBERRY FL 32707

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office 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 617.0503, Florida Statutes.

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	☐ DELETE	1.1 TITLE	V. P	☐ Change ☒ Addition
NAME	ANDREWS, HAROLD		1.2 NAME	DOUGLAS P. ROSS	
STREET ADDRESS	2071 W STR		1.3 STREET ADDRESS	10300 NUGGET PL.	
CITY-ST-ZIP	UKIAH CA 95482		1.4 CITY-ST-ZIP	STANFIELD N.C. 28163	
TITLE	T	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	OBRIEN, KATHLEEN		2.2 NAME		
STREET ADDRESS	149 PARC GREENWOOD		2.3 STREET ADDRESS		
CITY-ST-ZIP	HILLSBORO MO 63050		2.4 CITY-ST-ZIP		
TITLE	MS	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	ROSS, MARILYN		3.2 NAME		
STREET ADDRESS	5430 S. 5TH ST		3.3 STREET ADDRESS		
CITY-ST-ZIP	ARLINGTON VA 22204		3.4. CITY-ST-ZIP		
TITLE	S	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	ROSS, SHIRLEY		4. 2 NAME		
STREET ADDRESS	235 S JEFFERSON		4.3 STREET ADDRESS		
CITY-ST-ZIP	GALION OH 44833		4.4 CITY-ST-ZIP		
TITLE	T	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	O'BRIEN, DOROTHY		5.2 NAME		
STREET ADDRESS	13245 HWY CC		5.3 STREET ADDRESS		
CITY-ST-ZIP	FESTUS MO 63028		5.4 CITY-ST-ZIP		
TITLE	T	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	ROSS, HARDIN		6.2 NAME		
STREET ADDRESS	676 JUNALUSKA RD.		6.3 STREET ADDRESS		
CITY-ST-ZIP	ANDREWS NC 28901		6.4 CITY-ST-ZIP		

CR2E037 (11/98)

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Kathleen A O'Brien Treasurer 3/1/99 314/466-9219
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #