

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 10, 2003 8:00 am
Secretary of State

02-10-2003 90121 014 ****61.25


10018737



CHECK HERE IF MAKING CHANGES

DOCUMENT # 803849

1. Entity Name
THE INTERNATIONAL ASSOCIATION OF LIONS CLUBS



Principal Place of Business Mailing Address

**300 22ND ST
OAKBROOK IL 60523-8842
US** **300 22ND ST
OAKBROOK IL 60523-8842
US**

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number **36-1263962** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**CRAWFORD, JAMES
1003 OSCEOLA DRIVE
FT. PIERCE FL 34982**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Signature, typed or printed name of registered agent and title if applicable.

FILE NOW: FEE IS \$61.25

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

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	AOD	<input type="checkbox"/> Delete
NAME	LA PETINA, GARY M	
STREET ADDRESS	300 22ND ST	
CITY-ST-ZIP	OAK BROOK IL 60523	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MCCORMICK, ED	
STREET ADDRESS	318 SOUTH DEXTER	
CITY-ST-ZIP	VALLEY CENTER KS 67147	
TITLE	AOD	<input type="checkbox"/> Delete
NAME	BEBECK, DONNA	
STREET ADDRESS	300 22ND ST.	
CITY-ST-ZIP	OAK BROOK IL 60523	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	MOORE, J. FRANK	
STREET ADDRESS	110 LEHIGH STREET	
CITY-ST-ZIP	DALEVILLE AL 36322	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MCCORMICK, ED	
STREET ADDRESS	318 SOUTH DEXTER	
CITY-ST-ZIP	VALLEY CENTER KS 67147	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	WALKER, JOHN F	
STREET ADDRESS	41348 ESTATE DRIVE	
CITY-ST-ZIP	STERLING HEIGHTS MI 48313-3231	

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	P	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Kay K Fukushima	
STREET ADDRESS	910 Florin Road - suite 108	
CITY-ST-ZIP	Sacramento CA 95831	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	William A Rollins	
STREET ADDRESS	2211 S W 1st Avenue #1404	
CITY-ST-ZIP	Portland OR 97201	
TITLE	VP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Clement F. Kusiak	
STREET ADDRESS	6302 Homewood Road	
CITY-ST-ZIP	Linthicum MD 21090-2108	
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Bruce Schwartz	
STREET ADDRESS	1237 S. Highland Acres Road	
CITY-ST-ZIP	Bismarck ND 58501-2486	

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: _____ **REQUIRED** Date: **1-31-03** Daytime Phone #: **630 571-5466**

CFR2E037 (10/02)

attachment

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OR LCIF EXECUTIVE COMMITTEE**

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