2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2009
Secretary of State

DOCUMENT# 844424

Entity Name: UNITED STATES OLYMPIC COMMITTEE

Current Principal Place of Business:

ONE OLYMPIC PLAZA
COLORADO SPRINGS, CO 80909

New Principal Place of Business:

Current Mailing Address:

ONE OLYMPIC PLAZA
COLORADO SPRINGS, CO 80909

New Mailing Address:

FEI Number: 13-1548339 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FEDERALLY CHARTERED CORPORATION/SERVE
REGISTERED AGENT IN COLORADO
36 U.S.C. SECTION 220510, FL 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: P ( ) Delete
Name: UEBERROTH, PETER
Address: 1071 CAMELBACK STREET, SUITE 111
City-St-Zip: NEWPORT BEACH, CA 92660 US

Title: D ( ) Delete
Name: PLANT, MIKE
Address: 755 HANK AARON DRIVE
City-St-Zip: ATLANTA, GA 30315 US

Title: D ( ) Delete
Name: DEFRANTZ, ANITA L
Address: 2141 WEST ADAMS BLVD
City-St-Zip: LOS ANGELES, CO 90018 US

Title: D ( ) Delete
Name: EASTON, JAMES L
Address: 7855 HASKELL AVE, SUITE 202
City-St-Zip: VAN NUYS, CA 91406 US

Title: D ( ) Delete
Name: LYNCH, JAIR
Address: 1508 U STREET NW
City-St-Zip: WASHINGTON, DC 20009 US

Title: D ( ) Delete
Name: MCCAGG, MARY
Address: 12 FAYETTE STREET, #2
City-St-Zip: CAMBRIDGE, MA 02139 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: PROBST, LAWRENCE R III
Address: ONE OLYMPIC PLAZA
City-St-Zip: COLORADO SPRINGS, CO 80909 US

Title: TREA (X) Change ( ) Addition
Name: GLOVER, WALTER
Address: ONE OLYMPIC PLAZA
City-St-Zip: COLORADO SPRINGS, CO 80909 US

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

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

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: WALTER GLOVER TREA 04/15/2009

Electronic Signature of Signing Officer or Director — Date