

1. Entity Name

UNIVERSITY OF NOTRE DAME CLASS OF 1952, CLASSMATE Assistance Fund, Inc.

FILED

00 FEB 24 PM 1:46

SECRETARY OF STATE TALLAHASSEE, FL 32300000



DO NOT WRITE IN THIS SPACE

Principal Place of Business 10261 S. NORTH LAKE AVE OLATHE KS 66061	Mailing Address 10261 S. NORTH LAKE AVE. OLATHE KS 66061-7306
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State	4. FEI Number 59-3075724	Applied For Not Applicable
Zip	Country	Zip	Country

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

6. Name and Address of Current Registered Agent

SULLIVAN, A.E.
2446 VALLEY ROAD
NAVARRE FL 32566

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.

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

FILE NOW: FEE IS \$61.25

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

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MUTSCHELLER, JAMES F. 305 E. HIGHFIELD ROAD BALTIMORE MD 21218 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T FOLEY, EDWARD F. 1 VANDERBILT COURT PARAMUS NJ <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HEIDKAMP, GEORGE 10261 S. NORTH LAKE AVE. OLATHE KA <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WHITE, WILLIAM F 1012 ADARE DR. WHEATON IL 60187 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WRAY, C. ROBERT APT. 302, 40 SEAGATE DRIVE NAPLES FL 34102 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	600003155600 <input type="checkbox"/> Addition -03/03/00--01006--016 *****70.00 *****70.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: SIGNATURE REQUIRED 16 JAN 2000 (913) 782-5717

STREET ADDRESS
CITY-ST-ZIP

8901 DICKENS
SURFSIDE FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TS

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SIGNATURE: RECEIVED EQUIPMENT PATRICK H. O'NEILL 1/10/00 (305) 379-3777