

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P01755 (8)**

1. Corporation Name
THE AMERICAN IRELAND FUND, INCORPORATED



Principal Place of Business
**211 CONGRESS STREET
10TH FLOOR
BOSTON MA 02110**

Mailing Address
**211 CONGRESS STREET
10TH FLOOR
BOSTON MA 02110**

3. Date Incorporated or Qualified **04/25/1984** 3a. Date of Last Report **02/22/1995**

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip 25 Country

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip 29 Country

4. FEI Number **25-1306992** Applied For
Not Applicable

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

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City 85 Zip Code **FL**

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 _____ (NOTE: Registered Agent signature required when nonstating) _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	O'SULLIVAN, JOHN F	
STREET ADDRESS	1166 AVE. OF THE AMERICAS	
CITY - ST - ZIP	NEW YORK NY	
TITLE	VCD	<input type="checkbox"/> DELETE
NAME	BROGAN, JOHN J	
STREET ADDRESS	111 CLARK AVENUE	
CITY - ST - ZIP	PALM BEACH FL	
TITLE	VCD	<input type="checkbox"/> DELETE
NAME	ROONEY, DANIEL M	
STREET ADDRESS	300 STADIUM CIRCLE	
CITY - ST - ZIP	PITTSBURGH PA	
TITLE	T	<input type="checkbox"/> DELETE
NAME	LYNCH, PETER S	
STREET ADDRESS	82 DEVONSHIRE STREET	
CITY - ST - ZIP	BOSTON MA	
TITLE	EXD	<input type="checkbox"/> DELETE
NAME	AIKINS, KINGSLEY T	
STREET ADDRESS	211 CONGRESS STREET	
CITY - ST - ZIP	BOSTON MA 02110	
TITLE	CPD	<input type="checkbox"/> DELETE
NAME	O'REILLY, ANTHONY J DR.	
STREET ADDRESS	P.O. BOX 57 N/A	
CITY - ST - ZIP	PITTSBURGH PA	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Loretta Brennan Glucksman	
1.3 STREET ADDRESS	2 Fifth Avenue	
1.4 CITY - ST - ZIP	New York, NY 10011	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: _____ **KINGSLEY AIKINS** 7/26/1996 (617) 574-0720
SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)