

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
 AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
Aug 06, 1999 8:00 am
Secretary of State

08-06-1999 90011 038 ****61.25



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

NONPROFIT
 CORPORATION
 ANNUAL REPORT
1999

DOCUMENT # P01755

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
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2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 04/25/1984
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number 25-1306992
22 City & State	27 City & State	Applied For <input type="checkbox"/> Not Applicable
23 Zip	28 Zip	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
24 Country	30 Country	6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324		81 Name	85 Zip Code
		82 Street Address (P.O. Box Number is Not Acceptable)	
		83	
		84 City	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 _____ 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	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GLUCKSMAN, LORETTA	1.2 NAME	
STREET ADDRESS	2 FIFTH AVENUE	1.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY	1.4 CITY-ST-ZIP	
TITLE	VCD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROGAN, JOHN J	2.2 NAME	
STREET ADDRESS	111 CLARK AVENUE	2.3 STREET ADDRESS	
CITY-ST-ZIP	PALM BEACH FL	2.4 CITY-ST-ZIP	
TITLE	VCD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROONEY, DANIEL M	3.2 NAME	
STREET ADDRESS	300 STADIUM CIRCLE	3.3 STREET ADDRESS	
CITY-ST-ZIP	PITTSBURGH PA	3.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LYNCH, PETER S	4.2 NAME	
STREET ADDRESS	82 DEVONSHIRE STREET	4.3 STREET ADDRESS	
CITY-ST-ZIP	BOSTON MA	4.4 CITY-ST-ZIP	
TITLE	EXD <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AIKINS, KINGSLEY T	5.2 NAME	
STREET ADDRESS	211 CONGRESS STREET	5.3 STREET ADDRESS	
CITY-ST-ZIP	BOSTON MA 02110	5.4 CITY-ST-ZIP	
TITLE	CPD <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	O'REILLY, ANTHONY J DR.	6.2 NAME	
STREET ADDRESS	P.O. BOX 57 N/A	6.3 STREET ADDRESS	
CITY-ST-ZIP	PITTSBURGH PA	6.4 CITY-ST-ZIP	

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 by an attachment with an address, with all other like empowered.

SIGNATURE: *Kingsley T. Aikins* **REMOVED** *Executive Director 8 July 1999 617.574.0720*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (5/99)