

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01755

1. Entity Name

THE AMERICAN IRELAND FUND, INCORPORATED

R

Principal Place of Business

211 CONGRESS STREET
10TH FLOOR
BOSTON MA 02110

Mailing Address

211 CONGRESS STREET
10TH FLOOR
BOSTON MA 02110

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

25-1306992

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

After September 13, 2000 min. will be \$236.25

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD
NAME GLUCKSMAN, LORETTA
STREET ADDRESS 2 FIFTH AVENUE
CITY-ST-ZIP NEW YORK NY ☐ Delete

TITLE D
NAME
STREET ADDRESS
CITY-ST-ZIP 10011 ☒ Change ☒ Addition

TITLE VCD
NAME BROGAN, JOHN J
STREET ADDRESS 111 CLARK AVENUE
CITY-ST-ZIP PALM BEACH FL ☒ Delete

TITLE S
NAME O'Malley, Sheila
STREET ADDRESS 575 Madison Ave.
CITY-ST-ZIP New York, NY 10022 ☐ Change ☒ Addition

TITLE VCD
NAME ROONEY, DANIEL M
STREET ADDRESS 300 STADIUM CIRCLE
CITY-ST-ZIP PITTSBURGH PA ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP 15212 ☐ Change ☒ Addition

TITLE T
NAME LYNCH, PETER S
STREET ADDRESS 82 DEVONSHIRE STREET
CITY-ST-ZIP BOSTON MA ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP 02109 ☐ Change ☒ Addition

TITLE EXD
NAME AIKINS, KINGSLEY T
STREET ADDRESS 211 CONGRESS STREET
CITY-ST-ZIP BOSTON MA 02110 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE CPD
NAME O'REILLY, ANTHONY J DR.
STREET ADDRESS P.O. BOX 57 N/A
CITY-ST-ZIP PITTSBURGH PA ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP 15230-0057 ☐ Change ☒ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/2/00

Date

Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E037 (5/00)