

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01755

FILED
Apr 20, 2007
Secretary of State

Entity Name: THE AMERICAN IRELAND FUND, INCORPORATED

Current Principal Place of Business:

211 CONGRESS STREET
10TH FLOOR
BOSTON, MA 02110

New Principal Place of Business:

Current Mailing Address:

211 CONGRESS STREET
10TH FLOOR
BOSTON, MA 02110

New Mailing Address:

FEI Number: 25-1306992 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DRIVE
SUITE 4
WESTON, FL 33331 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: PD () Delete
Name: GLUCKSMAN, LORETTA B
Address: 2 FIFTH AVENUE
City-St-Zip: NEW YORK, NY 10011

Title: S () Delete
Name: O'MALLEY, SHEILA
Address: 575 MADISON AVE
City-St-Zip: NEW YORK, NY 10022

Title: VCD () Delete
Name: ROONEY, DANIEL M
Address: 300 STADIUM CIRCLE
City-St-Zip: PITTSBURGH, PA 15212

Title: T () Delete
Name: LYNCH, PETER S
Address: 82 DEVONSHIRE STREET
City-St-Zip: BOSTON, MA 02109

Title: EXD () Delete
Name: AIKINS, KINGSLEY T
Address: 211 CONGRESS STREET
City-St-Zip: BOSTON, MA 02110

Title: CPD () Delete
Name: O'REILLY, ANTHONY J DR.
Address: 454 MORGANZA RD
City-St-Zip: CANONSBURG, PA 15317

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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
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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 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: KINGSLEY AIKINS

D

04/20/2007

Electronic Signature of Signing Officer or Director

_____ Date