

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION  
ANNUAL REPORT  
**1996**



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

**FILED**  
Feb 28 1996 8:00 am  
Secretary of State

**DOCUMENT # P15666 (1)**  
1. Corporation Name  
**AMERICAN ASSOCIATION OF RETIRED PERSONS, INCORPORATED**



Principal Place of Business: 601 E. STREET N.W. ATTN: TAX TREASURY & REPORTING WASHINGTON DC 20049 US  
Mailing Address: 601 E. STREET N.W. ATTN: TAX TREASURY & REPORTING WASHINGTON DC 20049 US

3. Date Incorporated or Qualified: 08/21/1987  
3a. Date of Last Report: 05/01/1995  
4. FEI Number: 95-1985500 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

2. Principal Place of Business: 21  
2a. Mailing Address: 26  
Suite, Apt. #, etc.: 22  
City & State: 23  
Zip: 24 Country: 25  
City & State: 27  
City & State: 28  
Zip: 29 Country: 30

9. Name and Address of Current Registered Agent  
**C T CORPORATION SYSTEM  
1200 SOUTH 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 reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		DELETED
TITLE	<b>SD</b>	<input type="checkbox"/>
NAME	<b>BRAUN, BEATRICE S</b>	
STREET ADDRESS	<b>601 E STREET N.W.</b>	
CITY-ST-ZIP	<b>WASHINGTON DC</b>	
TITLE	<b>TD</b>	<input type="checkbox"/>
NAME	<b>CAMPBELL, C KEITH</b>	
STREET ADDRESS	<b>601 E STREET N.W.</b>	
CITY-ST-ZIP	<b>WASHINGTON DC</b>	
TITLE	<b>D</b>	<input type="checkbox"/>
NAME	<b>MILLER, ANN</b>	
STREET ADDRESS	<b>601 E STREET N.W.</b>	
CITY-ST-ZIP	<b>WASHINGTON DC</b>	
TITLE	<b>D</b>	<input type="checkbox"/>
NAME	<b>TULL, ALLAN W</b>	
STREET ADDRESS	<b>601 E STREET N.W.</b>	
CITY-ST-ZIP	<b>WASHINGTON DC</b>	
TITLE	<b>PD</b>	<input type="checkbox"/>
NAME	<b>LEHRMANN, EUGENE L</b>	
STREET ADDRESS	<b>601 E STREET N.W.</b>	
CITY-ST-ZIP	<b>WASHINGTON DC</b>	
TITLE	<b>VD</b>	<input type="checkbox"/>
NAME	<b>PERKINS, JOSEPH S</b>	
STREET ADDRESS	<b>601 E STREET N.W.</b>	
CITY-ST-ZIP	<b>WASHINGTON DC</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY-ST-ZIP			
2.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			

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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: *Eugene L Lehmann* Date: 2/17/96 Daytime Phone #: (202)434-2440

CR2E037 (12/95)