

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # P29797 (8)

1. Corporation Name

INTERNATIONAL RESCUE COMMITTEE, INC.

95 FEB - 1 PM 12:13

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
386 PARK AVE. SOUTH NEW YORK NY 10016	386 PARK AVE. SOUTH NEW YORK NY 10016

3. Date Incorporated or Qualified 06/19/1990	3a. Date of Last Report 01/31/1994
4. FEI Number 13-5660870	Applied For <input type="checkbox"/> Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 122 EAST 42nd ST	26 122 EAST 42nd ST
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State New York N.Y.	28 City & State New York N.Y.
24 Zip 10165-1289	25 Country New York
29 Zip 10165-1289	30 Country New York

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**BROWN, STACY DANIEL
110 SHEPHERD TRAIL
LONGWOOD FL 32752-0632**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	FL
83	
84 City	

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: *Stacy Daniel Brown* (NOTE: Registered Agent signature required when re-registering) DATE: _____

12. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CHERNE, LEO 386 PARK AVE. SOUTH NEW YORK NY
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WEISS, PETER 386 PARK AVE. SOUTH NEW YORK NY
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S STERNBERG, CHARLES 386 PARK AVE. SOUTH NEW YORK NY
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D OLMER, LIONEL H. 386 PARK AVE. SOUTH NEW YORK NY
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D THOMAS, RHODES L. 386 PARK AVE. SOUTH NEW YORK NY
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STRICKLER, JAMES C., M.D. 386 PARK AVE. SOUTH NEW YORK NY

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition DeVecchi Robert 122 EAST 42nd St New York, N.Y.
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	Treasurer <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Weiss, Peter 122 EAST 42nd St. New York N.Y.
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	Secretary <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Sternberg, Charles 122 East 42nd St New York, N.Y.
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	Chairman Finance Committee <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition BATKIN, ALAN 122 EAST 42 ST New York, N.Y.
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	Chief Operating Officer <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition RICHARDS STEPHAN 122 EAST 42 ST New York, N.Y.
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 110.07(3)(4), 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Stacy Daniel Brown* (NOTE: Signature and typed name of signing officer or director) DATE: _____ DAYTIME PHONE: _____