

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2000 8:00 am
Secretary of State

05-01-2000 90399 001 ****61.25

DOCUMENT # P29797

1. Entity Name

INTERNATIONAL RESCUE COMMITTEE, INC.

Principal Place of Business

122 EAST 42ND ST
 NEW YORK NY 10168-1289
 US

Mailing Address

122 EAST 42ND ST
 NEW YORK NY 10168-0002
 US

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

13-5660870

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

948850



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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:
SEE IS \$61.25

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

TITLE	P	<input type="checkbox"/> Delete
NAME	LEVY, REYNOLD	
STREET ADDRESS	122 E 42ND ST	
CITY-ST-ZIP	NEW YORK NY 10168	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	WEISS, PETER	
STREET ADDRESS	122 E 42ND ST	
CITY-ST-ZIP	NEW YORK NY 10168	
TITLE	S	<input type="checkbox"/> Delete
NAME	STERNBERG, CHARLES	
STREET ADDRESS	122 E 42ND ST	
CITY-ST-ZIP	NEW YORK NY 10168	
TITLE	D	<input type="checkbox"/> Delete
NAME	BATKIN, ALAN	
STREET ADDRESS	122 E 42 ST	
CITY-ST-ZIP	NEW YORK NY 10068	
TITLE	C	<input type="checkbox"/> Delete
NAME	WHITEHEAD, JOHN C	
STREET ADDRESS	65 E. 55TH ST	
CITY-ST-ZIP	NEW YORK NY 10022	
TITLE	D	<input type="checkbox"/> Delete
NAME	STRICKLER, JAMES C., M.D	
STREET ADDRESS	HB 7250	
CITY-ST-ZIP	HANOVER NH 03755	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	CFO	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LaRoche, Richard	
STREET ADDRESS	122 E. 42nd Street	
CITY-ST-ZIP	New York, NY 10168	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	C	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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
Richard LaRoche

Date

Daytime Phone #

4/10/00 212-551-3017

CR2E037 (9/99)