2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED May 04, 2005 8:00 am Secretary of State

DOCUMENT # P29797 1. Entity Name INTERNATIONAL RESCUE COMMITTEE, INC.								05-	04-2005 9	0127 0	10 ****70.	.00
Principal Place 122 EAST 42 NEW YORK, I	Address EAST 42ND ST YORK, NY 10168-1289 US			!		, , , , , , , , , , , , , , , , , , ,		ÎN MILIT MINIT MINIT MINIT	Biirin al Hai			
2. Principal Place of Business 3. Ma			Mailing Address									
Suite, Apt. #, etc.		Suit	Suite, Apt. #, etc.				04202005	5 Ch	g-NP	CR2E	037 (10/03)	
City & State		City & State					4. FEI Num 13-56	nber 60870	0			pplied For ot Applicable
Zip	Country	Zip Co		Cou	ntry	5. Certificat		ite of Sta	atus Desired		\$8.75 Ad Fee Require	
	6. Name and Address of Curren	t Registere	d Agent		11		7. Name ar	nd Addr	ess of New F	legistered	Agent	•
CORPORA	ATION SERVICE COMPANY			1	Name					1	,	
1201 HAYS STREET TALLAHASSEE, FL 32301-2525					Street A	Address (f	P.O. Box Nun	nber;is N	lot Acceptable	e)		
	•				City				··· , <u> </u>	F	Zip Coo	ie
9 The above	named entity submits this statement	for the numo	es of changing its	ranistara	d office o	- register	and a great or h	anth in t	to State of Ele		_	
the obligat	tions of registered agent.							٠				
	Signature, typed or printed name of registered ager	nt and title if appli	cable. (NOTE	: Registered	Agent signat	ture required	when reinstating)			DATE		
	Signature, typed or printed name of registered ager Filling Fee is \$61.25 Due by May 1, 2005	nt and title if appli	9. Election Carr Trust Fund C	npaign Fi	nancing		\$5.00 May Added to Fee	/ Be		lake che	ck payable t	
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Let in be up certify that the information supplied with this tilling 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 frustee 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 the empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/21/05 212-531-3001

Daytima Phone #