

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 04, 2000 8:00 am
Secretary of State

05-04-2000 90107 005 ****70.00

DOCUMENT # P32740

1. Entity Name

AMERICA'S CHARITIES, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
14150 NEWBROOK DRIVE SUITE 110 CHANTILLY VA 20151 US	14150 NEWBROOK DRIVE SUITE 110 CHANTILLY VA 20151-2223 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	Applied For
54-1517707	<input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
-------------------------------------	---	--

10. OFFICERS AND DIRECTORS

TITLE	C <input type="checkbox"/> Delete
NAME	HALAMANDARIS, BILL
STREET ADDRESS	201 MASSACHUSETTS AVE, NE, STE C5
CITY-ST-ZIP	WASHINGTON DC 20002
TITLE	VC <input type="checkbox"/> Delete
NAME	HELLINGER, DIANA
STREET ADDRESS	3179 18TH STREET, N.W.
CITY-ST-ZIP	WASHINGTON DC 20010
TITLE	S <input checked="" type="checkbox"/> Delete
NAME	DELFIN, STEVE
STREET ADDRESS	10721 RIPON LODGE DRIVE
CITY-ST-ZIP	FAIRFAX VA 22032
TITLE	T <input type="checkbox"/> Delete
NAME	WILDEROTTER, PETER
STREET ADDRESS	26 BLEEKER STREET
CITY-ST-ZIP	NEW YORK NY 10012
TITLE	PCEO <input type="checkbox"/> Delete
NAME	SODO, DON
STREET ADDRESS	14150 NEWBROOK DRIVE, SUITE 110
CITY-ST-ZIP	CHANTILLY VA 20151
TITLE	C <input type="checkbox"/> Delete
NAME	JOHNSON, LES
STREET ADDRESS	14150 NEWBROOK DRIVE, SUITE 110
CITY-ST-ZIP	CHANTILLY VA 20151

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	S Feinerman, Leon <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	368 Lewisberry Road
CITY-ST-ZIP	New Cumberland, PA 17070
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input 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 Required **4-16-00** **703-222-3861**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)