

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 01, 2001 8:00 am
Secretary of State

02-01-2001 90111 004 ***61.25

DOCUMENT # P32740

1. Entity Name

AMERICA'S CHARITIES, INC.

Principal Place of Business

14150 NEWBROOK DRIVE
 SUITE 110
 CHANTILLY VA 20151
 US

Mailing Address

14150 NEWBROOK DRIVE
 SUITE 110
 CHANTILLY VA 20151
 US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

54-1517707

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

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.

\$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 type="checkbox"/> Delete
NAME	FEINERMAN, LEON	
STREET ADDRESS	368 LEWISBERRY ROAD	
CITY-ST-ZIP	NEW CUMBERLAND PA 17070	
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 checked="" 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		
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		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VCEO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Arnold Swape	
STREET ADDRESS	14150 Newbrook Drive, Suite 110	
CITY-ST-ZIP	Chantilly, VA 20151	

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-17-01

(703) 222-3861

CR2E037 (10/00)