

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 24, 2002 8:00 am
Secretary of State

05-24-2002 91267 018 ****70.00

0091546

DOCUMENT # P32740

1. Entity Name

AMERICA'S CHARITIES, INC.

Principal Place of Business

Mailing Address

**14150 NEWBROOK DRIVE
 SUITE 110
 CHANTILLY VA 20151
 US**

**14150 NEWBROOK DRIVE
 SUITE 110
 CHANTILLY VA 20151
 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

54-1517707

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	C HALAMANDARIS, BILL 201 MASSACHUSETTS AVE, NE, STE C5 WASHINGTON DC 20002	Delete <input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VC HELLINGER, DIANA 3179 18TH STREET, N.W. WASHINGTON DC 20010	Delete <input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S FEINERMAN, LEON 368 LEWISBERRY ROAD NEW CUMBERLAND PA 17070	Delete <input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WILDEROTTER, PETER 26 BLEEKER STREET NEW YORK NY 10012	Delete <input checked="" type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEO SODO, DON 14150 NEWBROOK DRIVE, SUITE 110 CHANTILLY VA 20151	Delete <input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCEO SWOPE, ARNOLD 14150 NEWBROOK DRIVE, SUITE 110 CHANTILLY VA 20151	Delete <input type="checkbox"/>

TITLE NAME STREET ADDRESS CITY-ST-ZIP	C Wilderotter, Peter One Cent St., New York, NY 10007	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VC Pinkston, Vicki 20005-0000 1-101- 15th St., Ste. 900 Wash. D.C.	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Feinerman, Leon 4550 Lena Drive Mechanicsburg, PA 17055	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Hale, Michael P.O. Box 4000 Clinton, MD 20746	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change <input type="checkbox"/> Addition <input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change <input type="checkbox"/> Addition <input type="checkbox"/>

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

5.3.02 Date
703/222-3 P41 Daytime Phone #

CR2E037 (9/01)