

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 05, 2002 8:00 am**  
**Secretary of State**

02-05-2002 90124 013 \*\*\*\*61.25

**DOCUMENT # 844424**

1. Entity Name

**UNITED STATES OLYMPIC COMMITTEE**

Principal Place of Business

**ONE OLYMPIC PLAZA  
COLORADO SPRINGS CO 80909**

Mailing Address

**ONE OLYMPIC PLAZA  
COLORADO SPRINGS CO 80909**

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

**13-1548339**

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

**FEDERALLY CHARTERED CORPORATION/SERVE  
REGISTERED AGENT IN COLORADO  
36 U.S.C. SECTION 220510 FL**

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 ☐ Delete  
NAME **C**  
STREET ADDRESS **BALDWIN, SANDY**  
CITY-ST-ZIP **2525 EAST CAMELBACK ROAD, SUITE 295  
PHOENIX AZ 85016**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME **VC**  
STREET ADDRESS **HERMAN, FRAZIER**  
CITY-ST-ZIP **617 13TH STREET SOUTH  
BIRMINGHAM AL 35294-1160**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME **VC**  
STREET ADDRESS **GEORGE, PAUL**  
CITY-ST-ZIP **KELLOGG & GEORGE, 8 GROVE STREETE  
WELLESLEY MA 02482**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME **VC**  
STREET ADDRESS **STAPLETON, BILL**  
CITY-ST-ZIP **803 PRESSLER STREET  
AUSTIN TX 78703-5129**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME **S**  
STREET ADDRESS **MANKAMYER, MARTY**  
CITY-ST-ZIP **8470 RED SPRING VALLEY ROAD  
COLORADO SPRINGS CO 80919-3224**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME **T**  
STREET ADDRESS **MARSHALL, FRANK**  
CITY-ST-ZIP **1351 4TH STREET, 4TH FLOOR  
SANTA MONICA CA 90401-1337**

TITLE ☐ Change ☐ 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 the like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)