

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 28, 2002 8:00 am
Secretary of State

03-28-2002 90137 042 ****61.25

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DOCUMENT # 763717

1. Entity Name
AMERICAN READING FORUM, INC.

Principal Place of Business C/O BRISTOR, VALERIE, J 2334 CYPRESS BEND DR. S.. APT 912 POMPANO BEACH FL 33069 US	Mailing Address C/O BRISTOR, VALERIE, J 2334 CYPRESS BEND DR.. S.. APT 912 POMPANO BEACH FL 33069 US
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State	4. FEI Number 58-1548325	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
**BRISTOR, VALERIE J
 2334 CYPRESS BEND DRIVE SOUTH, APT 912
 POMPANO BEACH FL 33069**

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
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10. OFFICERS AND DIRECTORS

T DOWHOWER, SARAH DR 700 WATERS EDGE #21 RACINE WI 53402	<input type="checkbox"/> Delete
VD TRATHEN, WOODROW APPALACHIAN STATE UNIV BOONE NC 28608-2085	<input checked="" type="checkbox"/> Delete
PD HAGER, JANE OLD DOMINION UNIVERSITY COE NORFOLK VA 23529	<input checked="" type="checkbox"/> Delete
SD RANDLETT, ALICE 1217 LINDBERG AVE STEVENS POINT WI 54481	<input type="checkbox"/> Delete
	<input type="checkbox"/> Delete
	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

VD Laurie Elish-Piper Northern Illinois University Reading Clinic, 119 Graham Hall DeKalb, IL 60115	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
PP Michaeline Lane University of Cincinnati P.O. Box 210205, Cincinnati, OH 45221-0205	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Valerie J. Bristor* **2/11/02 954-236-1029**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/01)