2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#730183

FILED Jun 30, 2009 Secretary of State

Entity Name: AMERICAN ANTHROPOLOGICAL RESEARCH FOUNDATION, INC.

Current Principal Place of Business: New Principal Place of Business:

1509 WILBAN CIR 1509 WILBAR CIR

WINTER PARK, FL 32789 US WINTER PARK, FL 32789 US

Current Mailing Address: New Mailing Address:

PO BOX 4795

WHITEFISH, MT 59937 US

FEI Number: 23-7450092 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

KIMBALL, CHRIS
1509 WILBAN CIR

KIMBALL, CHRIS
1509 WILBAR CIR

WINTER PARK, FL 32789 US WINTER PARK, FL 32789 US

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: ROBERT W. MORGAN 06/30/2009

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD () Delete Title: PD (X) Change () Addition

 Name:
 MORGAN, ROBERT
 Name:
 MORGAN, ROBERT W

 Address:
 P.O. BOX 4795
 Address:
 P.O. BOX 4795

 City-St-Zip:
 WHITEFISH, MT 59937
 City-St-Zip:
 WHITEFISH, MT 59937

Title: VPD () Delete Title: () Change () Addition

 Name:
 JONES, STEVE
 Name:

 Address:
 3806 LAUBERT RD
 Address:

 City-St-Zip:
 ATWATER, OH 44201
 City-St-Zip:

Title: D () Delete Title: () Change () Addition

 Name:
 PURSER, ROBERT
 Name:

 Address:
 BOX 1670
 Address:

 City-St-Zip:
 OPELOUSAS, LA 70570
 City-St-Zip:

 $\label{eq:title:D} {\sf Title:} \qquad {\sf D} \qquad {\sf () Delete} \qquad \qquad {\sf Title:} \qquad {\sf D} \qquad {\sf (X) Change () Addition}$

 Name:
 KIMBALL, CHRIS
 Name:
 KIMBALL, CHRIS

 Address:
 1509 WILBAN CIR
 Address:
 1509 WILBAR CIR

 City-St-Zip:
 WINTER PARK, FL 32789
 City-St-Zip:
 WINTER PARK, FL 32789

Title: D () Delete Title: () Change () Addition

 Name:
 HELBERT, JAMES
 Name:

 Address:
 2410 BRIAR RIDGE WAY
 Address:

 City-St-Zip:
 CUMMING, GA 30041
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT W. MORGAN PD 06/30/2009