## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT DOCUMENT # 740864 1. Entity Name THE CLAN STEWART SOCIETY IN AMERICA, INCORPORATED Principal Place of Business 219 W 9TH ST DULUTH, MN 55806-2522 US Mailing Address POB 14 DULUTH, MN 55801-0014 US

## FILED Apr 17, 2008 08:00 A Secretary of State



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02062008 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-1855758

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GRAY, JAMES S.M. 45 WEST, SMITH STREET. WINTER GARDEN, FL 34787

## DO NOT WRITE IN THIS SPACE

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. I am familiar with, and accept the obligations of registered agent.				
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent agenture required when reinstating)  DATE				
	Filing Fee is \$61.25 Due by May 1, 2008	Election Campaign Financing     Trust Fund Contribution.	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIRE	CTORS		UBAAAAA
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDA STEWART, FRED M 404 MUSTANG DR SAGINAW, TX 76178	i		05/01/08-80035-019 70.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD STEWART, DOUGLAS E 219 W 9TH ST DULUTH, MN 558062522			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD STEWART, KEVIN 15678 IRISH RD EDINBORA, PA 16412		DO NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD STEWART, VIRGINIA 1111 SPRAGUE LN. FOSTER CITY, CA 94404		IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY-SI-ZIP				
TITLE NAME STREET ADDRESS CITY-ST-ZIP		•		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.				