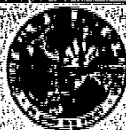


FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 819838

(4)

1. Corporation Name

MORAL RE-ARMAMENT, INC.

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 JAN 27 PM 3: 56

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **08/26/1966** 3a. Date of Last Report **02/08/1994**

4. FEI Number **38-1606320** Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **\$68.75 Supplemental Fee Not Required**

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

Principal Place of Business
**1156 FIFTEENTH ST., N.W. #910
WASHINGTON DC 20005**

Mailing Address
**1156 FIFTEENTH ST., N.W. #910
WASHINGTON DC 20005**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

20 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 Zip Country

29 Zip Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**PETERSEN, ERIK H.
7146 ESTERO BLVD.
APT. 910
FT. MYERS BEACH FL 33931**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D
NAME	RUFFIN, RICHARD R.W.
STREET ADDRESS	6529 SOTHORON RD.
CITY-ST-ZIP	MCLEAN VA
TITLE	CD
NAME	MOORE, JOHN W. JR
STREET ADDRESS	33 WATERVILLE ROAD
CITY-ST-ZIP	FARMINGTON CT 06032
TITLE	S
NAME	LANCASTER, ROBERT
STREET ADDRESS	401 E. 80TH ST. APT. #5
CITY-ST-ZIP	NEW YORK NY
TITLE	TD
NAME	PETERSEN, ERIK H
STREET ADDRESS	7146 ESTERO BOULEVARD
CITY-ST-ZIP	FORT MYERS BEACH FL 33931
TITLE	D
NAME	ALMOND, HARRY J
STREET ADDRESS	RD BOX 5
CITY-ST-ZIP	NORTH EGREMONT MA
TITLE	D
NAME	DICKINSON, STEPHEN J
STREET ADDRESS	829 LAUREL AVENUE
CITY-ST-ZIP	ST PAUL MN 55104

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Erik H. Petersen

ERIK H. PETERSEN

1-20-95

813-463-0301

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #