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CORPORATION ANNUAL REPORT
1995

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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 27 PM 3:56

DOCUMENT # 819838 (4)

1. Corporation Name
MORAL RE-ARMAMENT, INC.

DO NOT WRITE IN THIS SPACE

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

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

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

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

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	☐ Change ☐ Addition
NAME	RUFFIN, RICHARD R.W.	1.2 NAME	
STREET ADDRESS	6529 SOTHORON RD.	1.3 STREET ADDRESS	
CITY-ST-ZIP	MCLEAN VA	1.4 CITY-ST-ZIP	
TITLE	CD	2.1 TITLE	☐ Change ☐ Addition
NAME	MOORE, JOHN W, JR	2.2 NAME	
STREET ADDRESS	33 WATERVILLE ROAD	2.3 STREET ADDRESS	
CITY-ST-ZIP	FARMINGTON CT 06032	2.4 CITY-ST-ZIP	
TITLE	S	3.1 TITLE	☐ Change ☐ Addition
NAME	LANCASTER, ROBERT	3.2 NAME	
STREET ADDRESS	401 E. 88TH ST. APT. #5	3.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY	3.4 CITY-ST-ZIP	
TITLE	TD	4.1 TITLE	☐ Change ☐ Addition
NAME	PETERSEN, ERIK H	4.2 NAME	
STREET ADDRESS	7146 ESTERO BOULEVARD	4.3 STREET ADDRESS	
CITY-ST-ZIP	FORT MYERS BEACH FL 33931	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	☐ Change ☐ Addition
NAME	ALMOND, HARRY J	5.2 NAME	
STREET ADDRESS	RD BOX 5	5.3 STREET ADDRESS	
CITY-ST-ZIP	NORTH EGREMONT MA	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	☐ Change ☐ Addition
NAME	DICKINSON, STEPHEN J	6.2 NAME	
STREET ADDRESS	829 LAUREL AVENUE	6.3 STREET ADDRESS	
CITY-ST-ZIP	ST PAUL MN 55104	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 119.07(3)(i), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] ERIK H. PETERSEN 1-20-95 813-463-0301
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0072705