FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # **819838** **(4)**

1. Corporation Name
MORAL RE-ARMAMENT, INC.

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: **01/27/1995**

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

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

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 617.0502 and 617.1508, 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 617.0503, 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	☐ DELETE	11 TITLE		☐ Change ☒ Addition
NAME	RUFFIN, RICHARD R.W.		12 NAME		
STREET ADDRESS	6529 SOTHORON RD.		13 STREET ADDRESS		
CITY-ST-ZIP	MCLEAN VA		14 CITY-ST-ZIP	22101	
TITLE	CD	☐ DELETE	21 TITLE		☐ Change ☐ Addition
NAME	MOORE, JOHN W, JR		22 NAME		
STREET ADDRESS	33 WATERVILLE ROAD		23 STREET ADDRESS		
CITY-ST-ZIP	FARMINGTON CT 06032		24 CITY-ST-ZIP		
TITLE	S	☐ DELETE	31 TITLE		☒ Change ☐ Addition
NAME	LANCASTER, ROBERT		32 NAME		
STREET ADDRESS	401 E. 88TH ST. APT. #5		33 STREET ADDRESS	866 United Nations Plaza, Suite 575	
CITY-ST-ZIP	NEW YORK NY		34 CITY-ST-ZIP	10017	
TITLE	TD	☐ DELETE	41 TITLE		☐ Change ☒ Addition
NAME	PETERSEN, ERIK H		42 NAME		
STREET ADDRESS	7146 ESTERO BOULEVARD		43 STREET ADDRESS	Apt. 910	
CITY-ST-ZIP	FORT MYERS BEACH FL 33931		44 CITY-ST-ZIP		
TITLE	D	☐ DELETE	51 TITLE		☐ Change ☒ Addition
NAME	ALMOND, HARRY J		52 NAME		
STREET ADDRESS	RD BOX 5		53 STREET ADDRESS		
CITY-ST-ZIP	NORTH EGREMONT MA		54 CITY-ST-ZIP	01252	
TITLE	D	☐ DELETE	61 TITLE		☐ Change ☐ Addition
NAME	DICKINSON, STEPHEN J		62 NAME		
STREET ADDRESS	829 LAUREL AVENUE		63 STREET ADDRESS		
CITY-ST-ZIP	ST PAUL MN 55104		64 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)(k), 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: *ERIK H. PETERSEN* *Erik H. Petersen* *1-30-96* *941-463-0301*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (12/95)