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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **819838**

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

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 08/26/1966
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 38-1606320 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

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 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	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	☐ DELETE	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	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	OLSON, MICHAEL A		3.2 NAME		
STREET ADDRESS	4626 FRANCE AVE S		3.3 STREET ADDRESS		
CITY-ST-ZIP	MINNEAPOLIS MN		3.4. CITY-ST-ZIP		
TITLE	TD	☐ DELETE	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	☐ DELETE	5.1 TITLE	D	☒ Change ☐ Addition
NAME	ALMOND, HARRY J		5.2 NAME	JACK P. ETHERIDGE	
STREET ADDRESS	RD BOX 5		5.3 STREET ADDRESS	4715 Harris Trail, N.W.	
CITY-ST-ZIP	NORTH EGREMONT MA		5.4 CITY-ST-ZIP	Atlanta, GA 30327-4409	
TITLE	D	☐ DELETE	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		

CR2E037 (11/98)

14. I hereby certify that the information supplied with this filing 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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED _____ 1/28/99 941-463-0301
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #