2000 UNIFORM BUSINESS REPORT (UBR)

FILED Mar 13, 2000 8:00 am DOCUMENT # 819838 1. Entity Name **Secretary of State** MORAL RE-ARMAMENT, INC. 03-13-2000 90038 041 ****61.25 Mailing Address Principal Place of Business 1156 FIFTEENTH ST., N.W. #910 1156 FIFTEENTH ST., N.W. #910 WASHINGTON DC 20005-1704 WASHINGTON DC 20005 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State 4. FEI Number Applied For 38-1606320 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) PETERSEN, ERIK H. 7146 ESTERO BLVD. APT. 910 Zip Code City FT. MYERS BEACH FL 33931 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. LANGE OF SIGNATURE Signature typed or printed name of registered agent and title if applicable. DATE (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Pavable to FILE NOW: \$5.00 May Be Trust Fund Contribution. Added to Fees **Department of State** FEE IS \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. Change ☐ Addition TITLE ☐ Delete TITLE NAME RUFFIN, RICHARD R.W. NAME STREET ADDRESS STREET ADDRESS 6529 SOTHORON RD. CITY-ST-ZIP CITY-ST-ZIP MCLEAN VA ☐ Addition TiTi F CD ☐ Delete TITLE Change NAME MOORE, JOHN W, JR NAME STREET ADDRESS STREET ADDRESS 33 WATERVILLE ROAD CITY-ST-ZIP CITY-ST-ZIP FARMINGTON CT 06032 ☐ Delete TITLE **∑**XChange Addition TITLE Treasurer NAME OLSON, MICHAEL A NAME STREET ADDRESS STREET ADDRESS 4626 FRANCE AVE S CITY-ST-ZIP CITY-ST-ZIP MINNEAPOLIS MN **KX**Delete TITLE ☐ Change **XX**Addition Secretary TITLE NAME PETERSEN, ERIK H Linton, Catherine NAME STREET ADDRESS STREET ADDRESS 3101 S. Manchester Street, #518 7146 ESTERO BOULEVARD CITY-ST-ZIP CITY-ST-7IP FORT MYERS BEACH FL 33931 Falls Church, VA 22044-2726 Change Addition TITLE TITLE Delete Director ALMOND, HARRY J NAME NAME Corcoran, Susan P. STREET ADDRESS STREET ADDRESS RD BOX 5 1103 Sunset Avenue CITY-ST-ZIP CITY-ST-ZIP NORTH EGREMONT MA Richmond, VA 23221 Delete TITLE Change ☐ Addition TITLE NAME DICKINSON, STEPHEN J NAME STREET ADDRESS STREET ADDRESS **829 LAUREL AVENUE** CITY-ST-ZIP CITY-ST-ZIP ST PAUL MN 55104 12. 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 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 embowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if

SIGNATURE: MEQRICHARD W. B. Ruffin, Exec. Dir., March 7,2000

with all other like empowered.

changed, or on an attachmen

Daytime Phone #

(202) 872-9077