

PLEASE READ ALL INSTRUCTIONS BEFORE COMPI

APPLICATION  
FOR  
REINSTATEMENT



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

FILED  
Jan 27 2000 8:00 am  
Secretary of State

DOCUMENT # 844424

1. Corporation Name

UNITED STATES OLYMPIC COMMITTEE

Principal Place of Business

ONE OLYMPIC PLAZA  
COLORADO SPRINGS CO 80909

Mailing Address

ONE OLYMPIC PLAZA  
COLORADO SPRINGS CO 80909



REINSTATEMENT 99 AD

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc. None  
City & State

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc. None  
City & State

4. Date Incorporated or Qualified  
To Do Business in Florida

10/23/1979

5. FEI Number

13-1548339

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	
1	2	3	4
P	HYBL, WILLIAM J	TEN LAKE CIRCLE	COLORADO SPRINGS CO 80906
VP	BALDWIN, SANDY	4346 N. 40TH STREET	PHOENIX AZ 85018
VP	FRAZIER, HERMAN R	ARIZONA STATE UNIVERSITY	TEMPE AZ 85287
VP	GEORGE, PAUL E	20 WILLIAM ST., STE 150	WELLESLEY MA 02181
S	KOSTANECKI, ANDREW T	12 PRATT ISLAND	DARIEN CT 06820
T	MORRIS, JAMES T	1220 WATERWAY BLVD	INDIANAPOLIS IN 46202

8. Name and Address of Current Registered Agent

PRENTICE-HALL CORPORATION SYSTEM, INC.  
1201 HAYS STREET  
TALLAHASSEE FL 32301

9. Name and Address of New Registered Agent

Name See attached Letter  
Street Address (P.O. Box Number is Not Acceptable)  
FEDERALLY CHARTERED CORPORATION  
Suite, Apt. #, Etc.  
SERNE REGISTERED AGENT IN  
City COLORADO 36 USC SEC 220510  
State FL Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent See attached Letter

Date

REGISTERED AGENT MUST SIGN

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-11-2000

Date

(719) 471-6162

Daytime Phone #

CR2E040 (8/99)