

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 844424

FILED  
May 01, 2006  
Secretary of State

**Entity Name:** UNITED STATES OLYMPIC COMMITTEE

**Current Principal Place of Business:**

ONE OLYMPIC PLAZA  
COLORADO SPRINGS, CO 80909

**New Principal Place of Business:**

**Current Mailing Address:**

ONE OLYMPIC PLAZA  
COLORADO SPRINGS, CO 80909

**New Mailing Address:**

**FEI Number:** 13-1548339 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

FEDERALLY CHARTERED CORPORATION/SERVE  
REGISTERED AGENT IN COLORADO  
36 U.S.C. SECTION 220510, FL US

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: UEBERROTH, PETER  
Address: 1071 CAMELBACK STREET, SUITE 111  
City-St-Zip: NEWPORT BEACH, CA 92660 US

Title: S ( ) Delete  
Name: BENZ, JEFFREY  
Address: 1 OLYMPIC PLAZA  
City-St-Zip: COLORADO SPRINGS, CO 80909 US

Title: D ( ) Delete  
Name: DEFRANTZ, ANITA L  
Address: 2141 WEST ADAMS BLVD  
City-St-Zip: LOS ANGELES, CA 90018 US

Title: D ( ) Delete  
Name: EASTON, JAMES L  
Address: 7855 HASKELL AVE, SUITE 202  
City-St-Zip: VAN NUYS, CA 91406 US

Title: D ( ) Delete  
Name: LYNCH, JAIR  
Address: 1508 U STREET NW  
City-St-Zip: WASHINGTON, DC 20009 US

Title: D ( ) Delete  
Name: MCCAGG, MARY  
Address: 12 FAYETTE STREET, #2  
City-St-Zip: CAMBRIDGE, MA 02139 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D (X) Change ( ) Addition  
Name: PLANT, MIKE  
Address: 755 HANK AARON DRIVE  
City-St-Zip: ATLANTA, GA 30315 US

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JENNIFER GABRIUS

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05/01/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date