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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 847935

1. Corporation Name

THE INSTITUTE OF CULTURAL AFFAIRS (INC.)

Principal Place of Business

4750 N SHERIDAN ROAD
 CHICAGO IL 60640-2022
 US

Mailing Address

4750 N SHERIDAN ROAD
 CHICAGO IL 60640-2022
 US



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	01/13/1981
22 City & State	27 City & State	4. FEI Number
23 Zip	28 Zip	23-7394613
24 Country	29 Country	Applied For
	30	Not Applicable
9. Name and Address of Current Registered Agent		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
10. Name and Address of New Registered Agent		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

WOOD, DAVID
 8905 SW 64TH COURT
 MIAMI FL 33156

81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 7502 SW 166 Terrace
 83
 84 City Miami FL 85 Zip Code 33157

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	SD KILBE, H	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	2443 FAIR OAKS BLVD, STE 157	1.2 NAME	Kolbe
STREET ADDRESS	SACRAMENTO CA 95825	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	VD ADAMS, VICTORIA	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	312 S. DUNLOP ST.	2.2 NAME	
STREET ADDRESS	PETERSBURG VA	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	D TALBOTT, MARTHA	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	2850 DRESDEN SQUARE DR	3.2 NAME	
STREET ADDRESS	ATLANTA GA 30341	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	PD SINGLETON, LOUISE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	128 EUDORA STREET	4.2 NAME	
STREET ADDRESS	DENVER CO	4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	TD MORGAN	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	4750 N. SHERIDAN RD.	5.2 NAME	
STREET ADDRESS	CHICAGO IL	5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	D LINDBLAD, JUDITH	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	422 MILTON ST	6.2 NAME	Assistant SD
STREET ADDRESS	CINCINNATI OH 45210	6.3 STREET ADDRESS	Betty Pesek
CITY-ST-ZIP		6.4 CITY-ST-ZIP	4750 N. Sheridan Rd. Chicago, IL 60640

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 149.07(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:

Betty Pesek **REQUIRED** Assistant Secretary 4/29/99 773-769-636

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #