2001 UNIFORM BUSINESS REPORT (UBR)

FILED Feb 02, 2001 8:00 am Secretary of State **DOCUMENT # 847935** 1. Entity Name THE INSTITUTE OF CULTURAL AFFAIRS (INC.) 02-02-2001 90291 036 ****61.25 Principal Place of Business Mailing Address 4750 N SHERIDAN ROAD 4750 N SHERIDAN ROAD CHICAGO IL 60640-2022 CHICAGO IL 60640-2022 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 23-7394613 Not Applicable Ζiρ Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) OTTO, LORRAINE 110 LAKE COMMA HILL RD. LAKE COMO FL 32157 Zip Code FL 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing FILE NOW: \$5.00 May Be Make Check Payable to Trust Fund Contribution. FEE IS \$61,25 **Department of State** Added to Fees 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 SD TITLE ☐ Delete TITLE Change ☐ Addition NAME GRAY, CECIL NAME STREET ADDRESS STREET ADDRESS 651 CURTIS DR. CITY-ST-ZIP CITY-ST-ZIP **GETTYSBURG PA 17325** ☐ Delete TITLE ☐ Change ☐ Addition NAME ADAMS, VICTORIA NAME STREET ADDRESS 312 S. DUNLOP ST. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PETERSBURG VA TITLE TITLE Delete Change ☐ Addition NAME LINDBLAD, NORMAN NAME STREET ADDRESS STREET ADDRESS 422 MILTON ST. CITY-ST-ZIP CITY-ST-ZIP CINCINNATI OH 45210 TITLE ☐ Delete TITLE ٧D Change ☐ Addition SINGLETON, LOUISE NAME Dwala Ferrell NAME STREET ADDRESS **128 EUDORA STREET** STREET ADDRESS 15 S. Laurel Richmond, VA 23220 CITY-ST-ZIP CITY-ST-7IP DENVER CO TITLE ☐ Delete TITI F ☐ Addition Don Elliott NAME COLE, ED NAME 5401 E. Dakota Ave #12 STREET ADDRESS STREET ADDRESS 191 LATROP WAY STE. A CITY-ST-ZIP CITY-ST-ZIP SACRAMENTO CA 95815 TITLE SD □ Delete TITLE ☐ Addition PESEK, BETTY NAME NAME STREET ADDRESS 4750 N. SHERIDAN ROAD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CHICAGO IL 60640

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 empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.