

2002 UNIFORM BUSINESS REPORT (UBR)

FILED

Jul 23, 2002 8:00 am
Secretary of State

07-23-2002 90331 020 ****61.25

DOCUMENT # 847935

1. Entity 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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

23-7394613

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**OTTO, LORRAINE
110 LAKE COMMA HILL RD.
LAKE COMO FL 32157**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **SD** ☒ Delete
NAME **GRAY, CECIL**
STREET ADDRESS **651 CURTIS DR.**
CITY-ST-ZIP **GETTYSBURG PA 17325**

TITLE **TD** ☒ Change ☐ Addition
NAME **Assistant Treasurer Robert Morgan**
STREET ADDRESS **11 Somerset Lane**
CITY-ST-ZIP **Lincolnshire IL 60069**

TITLE **D** ☒ Delete
NAME **ADAMS, VICTORIA**
STREET ADDRESS **312 S. DUNLOP ST.**
CITY-ST-ZIP **PETERSBURG VA**

TITLE **TD** ☒ Change ☐ Addition
NAME **Treasurer Lela Jahn**
STREET ADDRESS **1736 Stockton St #8**
CITY-ST-ZIP **San Francisco CA 94133**

TITLE **PD** ☐ Delete
NAME **LINDBLAD, NORMAN**
STREET ADDRESS **422 MILTON ST.**
CITY-ST-ZIP **CINCINNATI OH 45210**

☐ Change ☐ Addition

TITLE **VD** ☒ Delete
NAME **FERRELL, DWALA**
STREET ADDRESS **415 S LAUREL ST.**
CITY-ST-ZIP **RICHMOND VA 23220**

TITLE **VP (Vice President)** ☒ Change ☐ Addition
NAME **Sheryl Nordin Caruso**
STREET ADDRESS **556 City Park Ave**
CITY-ST-ZIP **Columbus OH 43215**

TITLE **TD** ☐ Delete
NAME **ELLIOTT, DON**
STREET ADDRESS **5401 E DAKOTA AVE. # 12**
CITY-ST-ZIP **DENVER CO 80246**

TITLE **D** ☒ Change ☐ Addition

TITLE **SD** ☒ Delete
NAME **PESEK, BETTY**
STREET ADDRESS **4750 N. SHERIDAN ROAD**
CITY-ST-ZIP **CHICAGO IL 60640**

TITLE **SD** ☒ Change ☐ Addition
NAME **Secretary T Mark Dove**
STREET ADDRESS **5202 Willow Grove Place N**
CITY-ST-ZIP **Dublin OH 43017**

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 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.

SIGNATURE:

Norman Lindblad

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/31/02

Date

(503) 249-2149

Daytime Phone #

CR2E037 (9/01)