

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 01, 2001 8:00 am
Secretary of State

08-01-2001 90202 045 ****61.25

DOCUMENT # F00000005385

1. Entity Name

US LAUSANNE COMMITTEE, INC.

LA

Principal Place of Business

Mailing Address

~~5666 LINCOLN DRIVE SUITE 100~~
~~EDINA MN 55436~~

~~5666 LINCOLN DRIVE SUITE 100~~
~~EDINA MN 55436~~

#219
 77-564 "A" Country Club Dr.
 Palm Desert CA 92211

00074706



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

77-564 "A" Country Club Dr.
 Suite, Apt. #, etc.
 #219

810 S. Seventh Street
 Suite, Apt. #, etc.

City & State

City & State

Palm Desert

Minneapolis

4. FEI Number

23-7317473

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

Zip CA Country USA 92211

Zip MN 55415 Country USA Hennepin

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FRIZZELL, NAOMI:
 8787 SOUTHSIDE BLVD., APT. 4707
 JACKSONVILLE FL 32256

(change of address only)

Name Naomi Frizzell

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

5530 Alden Bridge Road

City Jacksonville FL Zip Code 32258

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

After September 12, 2001, min. will be \$236.25

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 Delete
 NAME CEO
 STREET ADDRESS CEDAR, PAUL A
 CITY-ST-ZIP 69495 LAS CAMELIAS CATHEDRAL CITY CA 92234

TITLE Change Addition
 NAME *Dr. Paul A. Cedar*
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME S
 STREET ADDRESS ALLISON, DR. LONNIE
 CITY-ST-ZIP 500 E. COLLEGE AVE. WHEATON IL 67018-7

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME T
 STREET ADDRESS PARROTT, DR. ROGER
 CITY-ST-ZIP 1500 PEACHTREE ST. JACKSON MS 39202

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
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TITLE Delete
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 CITY-ST-ZIP

TITLE Change Addition
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 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 ~~the~~ empowered.

SIGNATURE:

Naomi Frizzell REGISTERED

7/22/01 612-278-1723

CR2E037 (5/01)