


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 22, 2005 8:00 am
Secretary of State

04-22-2005 90307 037 ****61.25

DOCUMENT # F00000005385			
1. Entity Name US LAUSANNE COMMITTEE, INC.			
Principal Place of Business 77-564 A COUNTRY CLUB DRIVE #219 PALM DESERT CA 92211		Mailing Address 810 SOUTH SEVENTH STREET MINNEAPOLIS MN 55415 <i>Delete</i>	
2. Principal Place of Business		3. Mailing Address PO Box 13930	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Palm Desert CA		City & State Palm Desert CA	
Zip 92255	Country	Zip 92255	Country



1st MOORE CR2E037 (10/04)

6. Name and Address of Current Registered Agent FRIZZELL, NAOMI 5530 ALDEN BRIDGE ROAD JACKSONVILLE FL 32258		7. Name and Address of New Registered Agent 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE <u><i>Naomi A. Frizzell</i></u> DATE <u><i>4/10/05</i></u> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>			

FILE NOW: FEE IS \$61.25 Due By May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CCEO CEDAR, PAUL A DR 69495 LAS CAMELIAS CATHEDRAL CITY CA 92234 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ALLISON, DR. LONNIE 500 E. COLLEGE AVE. WHEATON IL 67018-7 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T PARROTT, DR. ROGER 1500 PEACHTREE ST. JACKSON MS 39202 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WAYNE, PEDERSON REV 810 S SEVENTH ST MINNEAPOLIS MN 55415 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Executive Director/COO James H. Overholt 4924 Pathfinder Ave. Oak Park, CA 91377 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Paul A. Cedar* **PAUL A. CEDAR** *4/6/05* *760 201-2707*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #