

# 2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # F03000001293	
1. Entity Name AMNESTY INTERNATIONAL OF THE U.S.A., INC.	



Principal Place of Business 5 PENN PLAZA 14TH FLOOR NEW YORK, NY 10001	Mailing Address 5 PENN PLAZA 14TH FLOOR NEW YORK, NY 10001
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State
Zip	Country

6. Name and Address of Current Registered Agent  C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324	
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**FILED**  
06 FEB -6 PM 4:45  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
**REINSTATEMENT** 05-06

01092006 REIN-NP	CR2E099 (11/05)
4. FEI Number 52-0851555	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

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	Michael Newell Assistant Secretary DATE 1/31/06

FILE NOW!!! FEE IS \$297.50	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	P PITTS, JOE W 412 BERKSHIRE LANE COPELL, TX 75019 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Halperin, Rick 3116 Fondren Drive Dallas, TX 75275 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BENJAMIN, ELLEN 622 BRIAR PLACE CHICAGO, IL 60657 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Pautrat, Phyllis 25 Langcliffe Court Mount Laurel, NJ 08054 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SCHULTE, PAUL MEDTRONIC, 7000 CENTRAL AVENUE NE - MS & 210 MINNEAPOLIS, MN 55432 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Gareeb, Nadia 340 Haven Avenue # 6B NY, NY 10033 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ABRAMS, STEVE 33 W 93RD STREET 4D NEW YORK, NJ 10025 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	000065583850 02/10/06--01008--018 **306.25 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C SCHULZ, WILLIAM F 5 PLENN PLAZA, 14TH FL NEW YORK, NY 10001 <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	VC GOERING, CURT 5 PENN PLAZA, 14TH FL NEW YORK, NY 10001 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VC Julie Hertzog 5 Penn Paza, 16th Fl. New York, NY 10001 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:	Julie Hertzog Jan 10 2005 (12) 807-8400 Date Daytime Phone #