

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 28, 2002 8:00 am**  
**Secretary of State**

05-28-2002 91732 029 \*\*\*\*61.25

**DOCUMENT # F93000002453**

1. Entity Name

**CCHW CENTER FOR HEALTH ENVIRONMENT AND JUSTICE I  
 NC.**

Principal Place of Business

Mailing Address

**150 S. WASHINGTON ST  
 SUITE 300  
 FALLS CHURCH VA 22046  
 US**

**P O BOX 6806  
 FALLS CHURCH VA 22040  
 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

**52-1219489**

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

**RUHL, SUZI  
~~1115 NORTH GADSEN~~  
~~TALLAHASSEE FL 32303-6327~~**

**1114 Thomasville Road  
 Suite E  
 Tallahassee, FL  
 32303**

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 **DC**  Delete  
 NAME **LEVINE, MURRAY**  
 STREET ADDRESS **74 COLONIAL CIRCLE**  
 CITY-ST-ZIP **BUFFALO NY 14213**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **DVC**  Delete  
 NAME **MILLER, KENNETH**  
 STREET ADDRESS **125 SUNSET DR.**  
 CITY-ST-ZIP **ITHACA NY 14850**

TITLE  Change  Addition  
 NAME **Luella Kenny**  
 STREET ADDRESS **2947 Fix Road**  
 CITY-ST-ZIP **Grand Island, NY 140**

TITLE **D**  Delete  
 NAME **RUHL, SUZI**  
 STREET ADDRESS **1115 NORTH GADSEN**  
 CITY-ST-ZIP **TALLAHASSEE FL 32303-6327**

TITLE  Change  Addition  
 NAME **Ruhl, Suzi**  
 STREET ADDRESS **1114 Thomasville Road, Suite E**  
 CITY-ST-ZIP **Tallahassee, FL 32303-6290**

TITLE **T**  Delete  
 NAME **LESTER, STEPHEN**  
 STREET ADDRESS **150 S WASHINGTON ST., SUITE 300**  
 CITY-ST-ZIP **FALLS CHURCH VA 22046**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **P**  Delete  
 NAME **GIBBS, LOIS MARIE**  
 STREET ADDRESS **7311 HUGHES COURT**  
 CITY-ST-ZIP **FALLS CHURCH VA 22046**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **S**  Delete  
 NAME **GIBSON, HOLLY**  
 STREET ADDRESS **12679 MARCUM COURT**  
 CITY-ST-ZIP **FAIRFAX VA 22033**

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 like empowered.

SIGNATURE: *[Signature]*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/02 703 237-2249  
 Date Daytime Phone #

CR2E037 (9/01)