FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 26, 1999 8:00 am
Secretary of State
04-26-1999 90133 014 ****61.25

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DOCUMENT # F94000005109

1. Corporation Name
AMERICAN REFUGEE COMMITTEE

Principal Place of Business	Mailing Address
2344 NICOLLET AVE., SOUTH SUITE 350 MINNEAPOLIS MN 55404	2344 NICOLLET AVE., SOUTH SUITE 350 MINNEAPOLIS MN 55404

2. Principal Place of Business (21)

2a. Mailing Address (26)

Suite, Apt. #, etc. (22)

Suite, Apt. #, etc. (27)

City & State (23)

City & State (28)

Zip (24) Country (25)

Zip (29) Country (30)

3. Date Incorporated or Qualifed
08/09/1994

4. FEI Number
36-3241033
☐ Applied For
☐ Not Applicable

5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS ST.
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name

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

83

84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PCEO	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	KOZLOWSKI, ANTHONY J		1.2 NAME		
STREET ADDRESS	2344 NICOLLET AVE., SOUTH		1.3 STREET ADDRESS		
CITY-ST-ZIP	MINNEAPOLIS MN 55404		1.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	FORSTER, BARBARA		2.2 NAME		
STREET ADDRESS	2650 MARSHLAND RD.		2.3 STREET ADDRESS		
CITY-ST-ZIP	WAYZATA MN 55391		2.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	SULLIVAN, JOSEPH P		3.2 NAME		
STREET ADDRESS	225 N. MICHIGAN AVE.		3.3 STREET ADDRESS		
CITY-ST-ZIP	CHICAGO IL 60601		3.4 CITY-ST-ZIP		
TITLE	S	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	WINSLOW, CAROL D		4.2 NAME		
STREET ADDRESS	1751 LAKE COOK RD.		4.3 STREET ADDRESS		
CITY-ST-ZIP	DEERFIELD IL 60015		4.4 CITY-ST-ZIP		
TITLE	AS	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	MCCORMICK, MICHAEL T		5.2 NAME		
STREET ADDRESS	2200 NORWEST CENTER		5.3 STREET ADDRESS		
CITY-ST-ZIP	MINNEAPOLIS MN 55402-3901		5.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	ADELMAN, KENNETH L		6.2 NAME		
STREET ADDRESS	2101 WILSON BLVD.		6.3 STREET ADDRESS		
CITY-ST-ZIP	ARLINGTON VA 22201		6.4 CITY-ST-ZIP		

CR2E037 (11/98)

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED Anthony J. Kozlowski 4/22/99 612-782-5929
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #