

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F94000005109

1. Entity Name

AMERICAN REFUGEE COMMITTEE

FILED
Apr 25, 2000 8:00 am
Secretary of State

04-25-2000 90083 009 ****61.25

Principal Place of Business 2344 NICOLLET AVE., SOUTH SUITE 350 MINNEAPOLIS MN 55404	Mailing Address 2344 NICOLLET AVE., SOUTH SUITE 350 MINNEAPOLIS MN 55404-3354
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DO NOT WRITE IN THIS SPACE

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 36-3241033	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS ST.
TALLAHASSEE FL 32301

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.

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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEO KOZLOWSKI, ANTHONY J 2344 NICOLLET AVE., SOUTH MINNEAPOLIS MN 55404 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FORSTER, BARBARA 2650 MARSHLAND RD. WAYZATA MN 55391 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SULLIVAN, JOSEPH P 225 N. MICHIGAN AVE. CHICAGO IL 60601 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WINSLOW, CAROL D 1751 LAKE COOK RD. DEERFIELD IL 60015 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS MCCORMICK, MICHAEL T 2200 NORWEST CENTER MINNEAPOLIS MN 55402-3901 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ADELMAN, KENNETH L 2101 WILSON BLVD. ARLINGTON VA 22201 ☒ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition

Chair
Carol D. Winslow
5750 Old Orchard Rd., Suite 310
Skokie, IL 60077

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: *Anthony J. Kozlowski* **REQUIRED** **Anthony J. Kozlowski, President/CEO**

CR2E037 (9/99)