2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2001 8:00 am
Secretary of State
04-24-2001 90037 009 ****61.25

DOCUMENT # F94000005109

1. Entity 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

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
430 OAK GROVE ST	430 OAK GROVE ST
Suite, Apt. #, etc. SUITE 204	Suite, Apt. #, etc. SUITE 204
City & State MINNEAPOLIS MN	City & State MINNEAPOLIS MN
Zip 55403 Country	Zip 55403 Country

4. FEI Number 36-3241033 ☐ 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
CORPORATION SERVICE COMPANY 1201 HAYS ST. TALLAHASSEE FL 32301	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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PCEO KOZLOWSKI, ANTHONY J 2344 NICOLLET AVE., SOUTH MINNEAPOLIS MN 55404	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D FORSTER, BARBARA 2650 MARSHLAND RD. WAYZATA MN 55391	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SULLIVAN, JOSEPH P 225 N. MICHIGAN AVE. CHICAGO IL 60601	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S WINSLOW, CAROL D 1751 LAKE COOK RD. DEERFIELD IL 60015	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	AS MCCORMICK, MICHAEL T 2200 NORWEST CENTER MINNEAPOLIS MN 55402-3901	☐ Delete	AS MC CORMICK MICHAEL T. 2200 WELLS FARGO CENTER MINNEAPOLIS MN 55402	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	C WINSLOW, CAROL D 5750 OLD ORCHARD RD SUITE 310 SKOKIE IL 60077	☐ Delete		☐ Change ☐ Addition

CR2E037 (10/00)

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 REQUIRED 4-12-01 612-872-7060
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #