

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F94000005109

FILED
Apr 17, 2008
Secretary of State

Entity Name: AMERICAN REFUGEE COMMITTEE, A NON-PROFIT CORPORATION

Current Principal Place of Business:

430 OAK GROVE ST
SUITE 204
MINNEAPOLIS, MN 55403

New Principal Place of Business:

Current Mailing Address:

430 OAK GROVE ST
SUITE 204
MINNEAPOLIS, MN 55403

New Mailing Address:

FEI Number: 36-3241033

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DRIVE, SUITE 4
WESTON, FL 33331 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: TJOSVOLD, MARY
Address: 1555 118TH LANE NW
City-St-Zip: COON RAPIDS, MN 55448

Title: P () Delete
Name: PARMER, HUGH
Address: 430 OAK GROVE ST SUITE 204
City-St-Zip: MINNEAPOLIS, MN 55403

Title: C () Delete
Name: CAIRNS, SONIA
Address: 1766 JAMES AVE., SOUTH STE 1
City-St-Zip: MINNEAPOLIS, MN 55403

Title: S () Delete
Name: ROSEMAN, WALDA W
Address: 888 17TH ST. NW, STE 900
City-St-Zip: WASHINGTON, DC 20006

Title: VP () Delete
Name: FREDERICKSON, KAREN
Address: 430 OAK GROVE ST, STE 204
City-St-Zip: MINNEAPOLIS, MN 55403

Title: T () Delete
Name: SKOVHOLT, GLEN
Address: 1473 GRANTHAM STREET
City-St-Zip: SAINT PAUL, MN 55108

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: HUGH PARMER

P

04/17/2008

Electronic Signature of Signing Officer or Director

Date