2000 UNIFORM BUSINESS REPORT (UBR)

FILED May 08, 2000 08:00 AM DOCUMENT # F9500005381 1. Entity Name **Secretary of State** INTERNATIONAL CHRISTIAN CHAMBER OF COMMERCE USA, INC. Principal Place of Business Mailing Address 1300 PENNSYLVANIA AVE 1300 PENNSYLVANIA AVE NW STE 700 NW STE 700 WASHINGTON WASHINGTON DC DC 20004 20004 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 62-1530244 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD Street Address (P.O. Box Number is Not Acceptable) PLANTATION FL33324 Zip Code FL 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. 05/08/2000 **SIGNATURE** Signature, typed or printed name of registered agent and title if applicable. (NOTE Registered Agent signature required when reinstating) gistar si Takara FILE NOW: 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. **FEE IS \$61.25** Added to Fees Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE Delate TITLE X Addition NAME NAME WILDERMUTH DANIEL. STREET ADDRESS STPEET ADDRESS 35 DOVER CLIFF WAY CITY-ST-ZIP CITY-ST-ZIP ALPHARETTA GA30022 TITLE ☐ Delete D | Change ☐ Addition NAME SANFORD NAME SANFORD JEFF STREET ADDRESS 900 HUNTINGTON CIRCLE STREET ADDRESS BATTLE MTN FARM 6917 CITY-ST-ZIP NASHVILLE TN 37215 CITY-ST-ZIP COLLEGE GROVE TN37046 TITLE ☐ Delete TITLE TD X Change Addition NAME NAME CAVALLI LINDA CAVALLI LINDA STREET ADDRESS 1283 FOSTER RD STREET ADDRESS 1283 FOSTER RD CITY-ST-ZIP CITY-ST-ZIP NAPPA $\mathbf{C}\mathbf{A}$ 94558 NAPA CA 94558 TITLE SD ☐ Delete TITLE XI Change ☐ Addition NAME PILCHER WILL. RUDDICK MORRIS STREET ADDRESS 1248 N. ST. STREET ADDRESS 3838 S. WABASH STREET, SUITE 100 CITY-ST-ZIF SANTA ROSA $\mathbf{C}\mathbf{A}$ CITY-ST-ZIP DENVER 80237 TITLE ☐ Delete TITLE VPD X Change ☐ Addition NAME GOCKETT JAMES K NAR/F MOLITOR BRIAN D STREET ADDRESS 11330 DOCKSIDE CIRCLE STREET ADDRESS 1550 COLLINS LANE CITY-ST-ZIP RESTON VA 201914018 CITY-ST-ZIP MIDLAND MI 48640 TITLE PD ☐ Delete TITLE PD XI Change ☐ Addition NAME NEILL STREET ADDRESS P O BOX 4279 N/A STREET ADDRESS P O BOX 4279 N/A

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^{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.