NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # **F98000006203**

1. Corporation Name

AMERICAN FRIENDS OF THE CAMBODIA TRUST, INC.

Principal Place of Business

Mailing Address

PETER DARROW % MAYER. BROWN & PLATT 1675 BROADWAY NEW YORK NY 10019

PETER DARROW % MAYER. BROWN & PLATT 1675 BROADWAY

NEW YORK NY 10019

FILED Feb 27, 1999 8:00 am Secretary of State

02-27-1999 90098 043 ****61.25

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Principal Place of Business 2a. Mailing Address					3. Date Incorporated or Qualifed			
same		26 Same		11/10/1998				
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	98613		ied For	
22		27			APPLIED DOR 3 Z \ (Applicable
City & State	e	City & State			5. Certifcate of Status Desired		.75 Ad	
23	<u></u>	28			55,000		ee Req	
Zip	Country	Zip	_ Country	•	6. Election Campaign Financing	1 1	5.00 M	•
24	25	29 3	0		Trust Fund Contribution	A	dded to	Fees
 	9. Name and Address of Current	Registered Agent	81	Name	10. Name and Address of New Re	gistered Agent		
			01	Name /	·/A			
C T CORPORATION SYSTEM			82		dress (P.O. Box Number is Not Acceptab	le)		
1200 SOUTH PINE ISLAND ROAD				ļ				
PLANTATI	ON FL 33324		83					
			84	City		85	Zip Co	de
				1		FL		
office or r	egistered agent, or both, in the State of m familiar with, and accept the obligati	of Florida. Such change was authors of, Section 617.0503, Florid	nonzed by la Statutes	the corporat	rporation submits this statement for the p tion's board of directors. I hereby accept	the appointment	as regi	stered
	Signature, typed or printed name of registered agent		<u> </u>	nt signature requi	ired when reinstating) ADDITIONS/CHANGES TO OFFI		ECTOR	S IN 12
12.	OFFICERS AND	D DELETE	13.		ADDITIONS/CHANGES TO OFFI		nange	Addition
TITLE	PD	C DETEL	1.1 TITLE			_ S.	idilgo	
NAME	DARROW, PETER V		1.2 NAME					
STREET ADDRESS	1675 BROADWAY		1.3 STREE	T ADDRESS				
CITY-ST-ZIP	NEW YORK NY 10019		1.4 CITY- S	T-ZIP				Addition
TITLE	SD	☐ DELETE	2.1 TITLE			Цч	hange	☐ Madition
NAME	HO, CHRISTINE		2.2 NAME					
STREET ADDRESS	18 EAST 63 STREET APT. 9		2.3 STREE	TADDRESS				
CITY-ST-ZIP	NEW YORK NY 10021		2.4 CITY-	ST-ZIP				
TITLE	AS	☐ DELETE	3.1 TITLE			□ cı	nange	Addition .
NAME	Cordell, Robert		3.2 NAME	į				
STREET ADDRESS	1675 BROADWAY		3.3 STREE	TADDRESS				
CITY-ST-ZIP	NEW YORK NY 10019		3.4. CITY-8	ST-ZIP				
TITLE	D	DELETE)	4.1 TITLE			□c	hange	☐ Addition
NAME	NISSAN, LIMOR 🤝		4. 2 NAME					
STREET ADDRESS	1675 BROADWAY		4.3 STREE	TADDRESS				
CITY-ST-ZIP	NEW YORK NY 10019		4.4 CITY-S	IT-ZIP				
TITLE		☐ DELETE	5.1 TITLE				hange	☐ Addition
NAME			5.2 NAME					
STREET ADDRESS			5.3 STREE	TADORESS	•			
CITY-ST-ZIP			5.4 CITY-S	T-ZIP				
TITLE		☐ DELETE	6.1 TITLE				hange	☐ Addition
NAME			6.2 NAME					
STREET ADDRESS			6.3 STREE	TADDRESS				
			6.4 CITY-5					
CITY-ST-ZIP	I		0.7 0111-0					

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: