

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000003393

1. Entity Name

INDIAN LAW RESOURCES CENTER, INC. (THE)

Principal Place of Business

602 N. EWING STREET
HELENA MT 59601

Mailing Address

602 N. EWING STREET
HELENA MT 59601

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

52-1121079

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

FOGT, THOMAS A
700 COLORADO AVENUE
STUART FL 34994

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
P
COULTER, ROBERT T
602 N. EWING STREET
HELENA MT ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S
LEWIS, JOHN D.
99 HUDSON STREET
NEW YORK NY ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Lewis, John D.B. ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
T
JOHN, PETER
20 N WACKER DR SUITE 2100
CHICAGO IL 60606 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
C
GAIASH, KIBOS
ROUTE 1 BOX 918
COUDERAY WI 54028 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
gaiash kibos
3221 South 28th Street
Lincoln, NE 68502 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
ROUSH, G J
2542 NW NORTHUP STREET
PORTLAND OR 97210 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
APODACA, RAY
711 D STREET, SE
WASHINGTON DC ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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: *Robert T. Coulter* REQUIRED Robert T. Coulter 4/26/02 (406) 449-2006
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)