

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2002 8:00 am
Secretary of State

04-28-2002 90786 043 ****61.25

DOCUMENT # N98000005051

1. Entity Name

THE AMERICAN COUNCIL FOR ECONOMIC RESEARCH, INC.

Principal Place of Business
**4116 U.S. HIGHWAY 231 NORTH
 PANAMA CITY FL 32402**

Mailing Address
**4116 U.S. HIGHWAY 231 NORTH
 PANAMA CITY FL 32402**

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 **59-3532722**

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

**HILTON, L. CHARLES JR
 4116 U.S. HIGHWAY 231 NORTH
 PANAMA CITY FL 32402**

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 Delete
D HILTON, L. CHARLES JR
 STREET ADDRESS **4116 U.S. HIGHWAY 231 NORTH**
 CITY-ST-ZIP **PANAMA CITY FL 32402**

TITLE NAME Change Addition
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME Delete
D HAYES, PAULA M
 STREET ADDRESS **1015 ONEONTA DR.**
 CITY-ST-ZIP **LOS ANGELES CA 90065**

TITLE NAME Change Addition
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME Delete
D WRIGHT, TOM
 STREET ADDRESS **601 NORTH KEENE ROAD #A**
 CITY-ST-ZIP **CLEARWATER FL 33755**

TITLE NAME Change Addition
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME Delete
D SCHICK, KENNETH W
 STREET ADDRESS **130 GLYNN WAY**
 CITY-ST-ZIP **HOUSTON TX 77056**

TITLE NAME Change Addition
 STREET ADDRESS **6 Belleview Blvd. #604**
 CITY-ST-ZIP **Belleair, FL 33756**

TITLE NAME Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME Change Addition
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME Change Addition
 STREET ADDRESS
 CITY-ST-ZIP

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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-14-02

Date

323/255-8878

Daytime Phone #

CR2E037 (9/01)