

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morton
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB 22 AM 11:21

DOCUMENT # P01755 (8)
1. Corporation Name

THE AMERICAN IRELAND FUND, INCORPORATED

Principal Place of Business

Mailing Address

211 CONGRESS STREET
10TH FLOOR
BOSTON MA 02110

211 CONGRESS STREET
10TH FLOOR
BOSTON MA 02110

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/25/1984

3a. Date of Last Report

01/25/1994

4. FEI Number

25-1306992

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status

☒

\$68.75 Supplemental
Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and fee if applicable

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME O'SULLIVAN, JOHN F
STREET ADDRESS 1166 AVE. OF THE AMERICAS
CITY-ST-ZIP NEW YORK NY

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE VCD
NAME BROGAN, JOHN J
STREET ADDRESS 111 CLARK AVENUE
CITY-ST-ZIP PALM BEACH FL

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE VCD
NAME ROONEY, DANIEL M
STREET ADDRESS 300 STADIUM CIRCLE
CITY-ST-ZIP PITTSBURGH PA

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE T
NAME CONNELL, WILLIAM F
STREET ADDRESS ONE INTERNATIONAL PLACE
CITY-ST-ZIP BOSTON MA

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

Peter S. Lynch
82 Devonshire Street
Boston, MA 02109
(Treasurer)

☒ Change ☐ Addition

TITLE EXD
NAME AIKINS, KINGSLEY T
STREET ADDRESS 211 CONGRESS STREET
CITY-ST-ZIP BOSTON MA 02110

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE CPD
NAME O'REILLY, ANTHONY J DR.
STREET ADDRESS P.O. BOX 57 N/A
CITY-ST-ZIP PITTSBURGH PA

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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.

SIGNATURE: Kingsley Aikins, Executive Director (617) 574-0720
Typed and typed or printed name of signing officer or director Date