

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 19, 2001 8:00 am
Secretary of State

04-19-2001 90312 041 *****61.25

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DOCUMENT # P01755

1. Entity Name

THE AMERICAN IRELAND FUND, INCORPORATED

Principal Place of Business

**211 CONGRESS STREET
10TH FLOOR
BOSTON MA 02110**

Mailing Address

**211 CONGRESS STREET
10TH FLOOR
BOSTON MA 02110**

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

25-1306992

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

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

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

**PD
GLUCKSMAN, LORETTA
2 FIFTH AVENUE
NEW YORK NY 10011**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**S
O'MALLEY, SHEILA
575 MADISON AVE
NEW YORK NY 10022**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**VCD
ROONEY, DANIEL M
300 STADIUM CIRCLE
PITTSBURGH PA 15212**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**T
LYNCH, PETER S
82 DEVONSHIRE STREET
BOSTON MA 02109**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**EXD
AIKINS, KINGSLEY T
211 CONGRESS STREET
BOSTON MA 02110**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**CPD
O'REILLY, ANTHONY J DR.
P.O. BOX 57 N/A
PITTSBURGH PA 15230-0057**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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☒ Change ☐ Addition

**454 Morganza Road
Canonsburg, PA 15317**

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Kingsley Aikins

Date

3-13-01

Daytime Phone #

617-571-0720

CR2E037 (10/00)