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03 MAY 29 AM 9:56

SECRETARY OF STATE
TALLAHASSEE FLORIDA

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01755

1. Entity Name
THE AMERICAN IRELAND FUND, INCORPORATED

100020250871
05/29/03--01038--005 **61.25

| Principal Place of Business | Mailing Address |
|---|---|
| 211 CONGRESS STREET<br>10TH FLOOR<br>BOSTON, MA 02110 | 211 CONGRESS STREET<br>10TH FLOOR<br>BOSTON, MA 02110 |

☐ CHECK HERE IF MAKING CHANGES

| 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<br>1200 S. PINE ISLAND ROAD<br>PLANTATION, FL 33324 | Name: NRAI Services, Inc.<br>Street Address (P.O. Box Number is Not Acceptable): 526 E. Park Avenue<br>City: Tallahassee FL Zip Code: 32301 |

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: Sue Brodtmann Sue Brodtmann, Asst. Secretary 5-19-03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's 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: Florida Department of State

| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | PD<br>GLUCKSMAN, LORETTA B<br>2 FIFTH AVENUE<br>NEW YORK, NY 10011 | ☐ Delete | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | S<br>O'MALLEY, SHEILA<br>675 MADISON AVE<br>NEW YORK, NY 10022 | ☐ Delete | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VCD<br>ROONEY, DANIEL M<br>300 STADIUM CIRCLE<br>PITTSBURGH, PA 15212 | ☐ Delete | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | T<br>LYNCH, PETER S<br>92 DEVONSHIRE STREET<br>BOSTON, MA 02109 | ☐ Delete | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | EXD<br>AIKINS, KINGSLEY T<br>211 CONGRESS STREET<br>BOSTON, MA 02110 | ☐ Delete | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | CPD<br>O'REILLY, ANTHONY J DR.<br>454 MORGANZA RD<br>CANONSBURG, PA 15317 | ☐ Delete | | ☐ Change ☐ Addition |

QR2E037 (10/02)

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 all other like empowered.

SIGNATURE: Kingsley Aikins 5/21/03
(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) Date Daytime Phone #

gr 5/30