


FILE NOW: FILING FEE IS \$61.25

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Mar 08, 1999 8:00 am
Secretary of State

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| NONPROFIT CORPORATION ANNUAL REPORT 1999 | |  | | FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS | |
| DOCUMENT # P15148 | | | | | |
| 1. Corporation Name AMERICAN FORUM, INC. | | | | | |
| Principal Place of Business 529 14TH PL 840 WASHINGTON DC 20045 US | | | Mailing Address 529 14TH ST NW 840 WASHINGTON DC 20045 US | | |



| | | | | | |
|---|--|------------------------|--|-----------------------------------|--|
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified | |
| 21 Suite, Apt. #, etc. | | 26 Suite, Apt. #, etc. | | 06/30/1987 | |
| 22 City & State | | 27 City & State | | 4. FEI Number | |
| 23 Zip Country | | 28 Zip Country | | 52-1281134 | |
| 24 | | 29 | | 30 | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | Applied For | |
| | | | | Not Applicable | |
| | | | | \$8.75 Additional Fee Required | |
| 6. Election Campaign Financing <input type="checkbox"/> | | | | \$5.00 May Be Added to Fees | |
| | | | | Trust Fund Contribution | |

| | | | | | | | |
|---|--|--|--|---|--|--|--|
| 9. Name and Address of Current Registered Agent | | | | 10. Name and Address of New Registered Agent | | | |
| SHELDON, GEORGE H. 108 S MONROE TALLAHASSEE FL 32301 | | | | 81 Name | | | |
| | | | | 82 Street Address (P.O. Box Number is Not Acceptable) | | | |
| | | | | 83 | | | |
| | | | | 84 City | | | |
| | | | | 85 Zip Code | | | |
| | | | | FL | | | |

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

| | | | | | |
|---|-------------------------|--|--|------|--|
| SIGNATURE | | (NOTE: Registered Agent signature required when reinstating) | | DATE | |
| Signature, typed or printed name of registered agent and title if applicable. | | | | | |
| 12. OFFICERS AND DIRECTORS | | | | | |
| TITLE | D | <input type="checkbox"/> DELETE | | | |
| NAME | BELL, BUDO | | | | |
| STREET ADDRESS | 529-14TH ST NW | | | | |
| CITY-ST-ZIP | WASHINGTON DC 20045 | | | | |
| TITLE | D | <input checked="" type="checkbox"/> DELETE | | | |
| NAME | BONDURANT, WILLIAM | | | | |
| STREET ADDRESS | 529 - 14TH NW , 1250 | | | | |
| CITY-ST-ZIP | WASHINGTON DC | | | | |
| TITLE | CD | <input type="checkbox"/> DELETE | | | |
| NAME | MULHAUSER, KAREN | | | | |
| STREET ADDRESS | 529 - 14TH ST NW , 1250 | | | | |
| CITY-ST-ZIP | WASHINGTON DC | | | | |
| TITLE | VCD | <input type="checkbox"/> DELETE | | | |
| NAME | WILLIAMS, FRANKLIN D | | | | |
| STREET ADDRESS | 529- 14TH ST NW 1250 | | | | |
| CITY-ST-ZIP | WASHINGTON DC | | | | |
| TITLE | TD | <input type="checkbox"/> DELETE | | | |
| NAME | MOORE, MALKIA MIBUZI | | | | |
| STREET ADDRESS | 529 14TH ST NW 1250 | | | | |
| CITY-ST-ZIP | WASHINGTON DC | | | | |
| TITLE | S | <input type="checkbox"/> DELETE | | | |
| NAME | MIZELL, M HAYES | | | | |
| STREET ADDRESS | 529-14TH ST NW 1250 | | | | |
| CITY-ST-ZIP | WASHINGTON DC | | | | |
| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | | | | |
| 1.1 TITLE | | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| 1.2 NAME | Bell, Budd | | | | |
| 1.3 STREET ADDRESS | 529 14TH ST NW 840 | | | | |
| 1.4 CITY-ST-ZIP | | | | | |
| 2.1 TITLE | Director | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| 2.2 NAME | Paul Rilling | | | | |
| 2.3 STREET ADDRESS | 529 14TH ST NW 840 | | | | |
| 2.4 CITY-ST-ZIP | WASHINGTON DC 20045 | | | | |
| 3.1 TITLE | | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| 3.2 NAME | | | | | |
| 3.3 STREET ADDRESS | 529 14TH ST NW 840 | | | | |
| 3.4 CITY-ST-ZIP | | | | | |
| 4.1 TITLE | | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| 4.2 NAME | | | | | |
| 4.3 STREET ADDRESS | 529 14TH ST NW 840 | | | | |
| 4.4 CITY-ST-ZIP | | | | | |
| 5.1 TITLE | | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| 5.2 NAME | | | | | |
| 5.3 STREET ADDRESS | 529 14TH ST NW 840 | | | | |
| 5.4 CITY-ST-ZIP | | | | | |
| 6.1 TITLE | | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| 6.2 NAME | | | | | |
| 6.3 STREET ADDRESS | 529 14TH ST NW 840 | | | | |
| 6.4 CITY-ST-ZIP | | | | | |

14. 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 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, with all other like empowered.

SIGNATURE: Karen Mulhauser REKAREN Mulhauser 3-1-99 202-638-1431

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)