


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Mar 04, 1999 8:00 am**  
**Secretary of State**

03-04-1999 90114 008 \*\*\*\*61.25

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<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>				FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # P17975</b>					
1. Corporation Name <b>AMERICARES FOUNDATION, INC.</b>					
Principal Place of Business <b>161 CHERRY STREET NEW CANAAN CT 06840</b>			Mailing Address <b>161 CHERRY STREET NEW CANAAN CT 06840</b>		



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>02/10/1988</b>	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number <b>06-1008595</b>	
22	City & State	27	City & State	Applied For <input type="checkbox"/> Not Applicable	
23	Zip	28	Zip	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
24	Country	29	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324</b>				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	85	Zip Code

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 \_\_\_\_\_

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	DC	<input type="checkbox"/> DELETE		1.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MACAULEY, ROBERT C.			1.2 NAME			
STREET ADDRESS	161 CHERRY ST.			1.3 STREET ADDRESS			
CITY-ST-ZIP	NEW CANAAN CT			1.4 CITY-ST-ZIP			
TITLE	DV	<input type="checkbox"/> DELETE		2.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SCHWARZ, BERT			2.2 NAME			
STREET ADDRESS	161 CHERRY ST.			2.3 STREET ADDRESS			
CITY-ST-ZIP	NEW CANAAN CT			2.4 CITY-ST-ZIP			
TITLE	P	<input checked="" type="checkbox"/> DELETE		3.1 TITLE	Vice Chairman	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	JOHNSON, STEPHEN M.			3.2 NAME	Andrew L. Hannah		
STREET ADDRESS	161 CHERRY ST.			3.3 STREET ADDRESS	161 Cherry Street		
CITY-ST-ZIP	NEW CANAAN CT			3.4 CITY-ST-ZIP	New Canaan, CT 06840		
TITLE	VD	<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CHANDLER, CHARLES R.			4.2 NAME			
STREET ADDRESS	161 CHERRY ST.			4.3 STREET ADDRESS			
CITY-ST-ZIP	NEW CANAAN CT			4.4 CITY-ST-ZIP			
TITLE	EVP	<input type="checkbox"/> DELETE		5.1 TITLE	Vice Chairman	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	FORBES, JR A JAMES			5.2 NAME			
STREET ADDRESS	161 CHERRY ST.			5.3 STREET ADDRESS			
CITY-ST-ZIP	NEW CANAAN CT 06840			5.4 CITY-ST-ZIP			
TITLE	VP	<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	POST, WILLIAM S			6.2 NAME			
STREET ADDRESS	161 CHERRY ST.			6.3 STREET ADDRESS			
CITY-ST-ZIP	NEW CANAAN CT 06840			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:

  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2/10/99

Daytime Phone #

203 972-5526

CR2E037 (11/98)