

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P29669

FILED
Sep 05, 2002
Secretary of State

Entity Name: NATIVE AMERICAN RIGHTS FUND, INC.

Current Principal Place of Business:

1506 BROADWAY
BOULDER, CO 803026217

New Principal Place of Business:

Current Mailing Address:

1506 BROADWAY
BOULDER, CO 803026217

New Mailing Address:

FEI Number: 84-0611876 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD.
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: ED () Delete
Name: ECHOHAWK, JOHN E
Address: 4660 QUAIL CREEK LANE
City-St-Zip: BOULDER, CO 80301

Title: TD () Delete
Name: ROREX, CLELA
Address: 311 BUCHANAN COURT
City-St-Zip: LOUISVILLE, CO 80027

Title: SD () Delete
Name: RAMIREZ, RAY
Address: 1823 SPRUCE AVE.
City-St-Zip: LONGMONT, CO 80501

Title: DO () Delete
Name: PROSSER, MARY LU
Address: 13330 BRIARWOOD DRIVE
City-St-Zip: BROOMFIELD, CO

Title: LM () Delete
Name: GOTTSCHALK, KIM J
Address: 2887 HUMBOLDT CIR.
City-St-Zip: LONGMONT, CO

Title: LM () Delete
Name: KNIGHT, YVONNE
Address: 1268 WESTVIEW DR.
City-St-Zip: BOULDER, CO 80303

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CLELA ROREX

TD

09/05/2002

Electronic Signature of Signing Officer or Director

Date

BABBY, LORNA LM
3132 5TH STREET
BOULDER, CO 80304