2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 20, 2002 8:00 am
Secretary of State
05-20-2002 90072 024 ****61.25

DOCUMENT # P37542

1. Entity Name

NORTH AMERICAN COUNCIL ON ADOPTABLE CHILDREN, IN C.

Principal Place of Business	Mailing Address
970 RAYMOND AVE STE 106 ST. PAUL MN 55114-1149 US	970 RAYMOND AVE STE 106 ST. PAUL MN 55114-1149 US

DO NOT WRITE IN THIS SPACE

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 51-0188951 ☐ 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
KREITZ, GAIL 611 NORTHWEST 45TH AVENUE COCONUT CREEK FL 33066	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 TALLEY, WILBERT REV 10250 GLENDYE ROAD RICHMOND VA 23235	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD UMBACH, NANCY 1291 KITCHENER AVENUE OTTAWA ON	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD Kathleen Deserly 2270 Snowdrift Road Helena, MT 59602	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD STEVENS, KIM 504 DUDLEY ST 3RD FLOOR ROXBURY MA 02119	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D KROLL, JOE 970 RAYMOND AVE, STE 106 ST PAUL MN 55114	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD SHIBLEY, BARRIE 1160, 1122-4TH ST SW CALGARY, AB T2R- 1M1	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD Cheryl Fix 825 Foul Bay Road Victoria BC V8S 4H6	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D AMERSON, RUTH 3028 BEATTIES FORD RD CHARLOTTE NC 28216	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD	☒ Change ☐ Addition

CR2E037 (9/01)

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: Joe Kroll SIGNATURE REQUIRED 4/26/02 651-644-3036

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #