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FILED
May 20 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P39252** (2)

1. Corporation Name

SOS CHILDREN'S VILLAGES-USA, INC.

Principal Place of Business

**1010 PENDLETON STREET
ALEXANDRIA VA 22314**

Mailing Address

**1010 PENDLETON STREET
ALEXANDRIA VA 22314-1837**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 06/02/1992		3a. Date of Last Report 10/18/1996	
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number 13-6188433		Applied For		Not Applicable	
22 City & State	27 City & State	5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required			
23 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees			
24 Country	29 Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No					

9. Name and Address of Current Registered Agent

**UNITED CORPORATE SERVICES, INC.
801 N.E. 167TH ST., STE 300
NORTH MIAMI BEACH FL 33162**

10. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD <input type="checkbox"/> DELETE	1.1 TITLE	President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CARR, JAMES	1.2 NAME	Bernie Stumbras
STREET ADDRESS	3900 WISCONSIN AVE, NW	1.3 STREET ADDRESS	1906 Capital Avenue
CITY - ST - ZIP	WASHINGTON DC 20016	1.4 CITY - ST - ZIP	Madison WI 53705
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	Vice President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BRIESS, ROGER	2.2 NAME	Patricia Lewis
STREET ADDRESS	250 W. 57TH ST.	2.3 STREET ADDRESS	1101 King Street
CITY - ST - ZIP	NEW YORK NY 10107	2.4 CITY - ST - ZIP	Alexandria VA 22314
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	Treasurer <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BURIAN, FRIEDRICH	3.2 NAME	Burian, Friedrich
STREET ADDRESS	50 SOUTH LASALLE ST.	3.3 STREET ADDRESS	50 South LaSalle
CITY - ST - ZIP	CHICAGO IL 60675	3.4 CITY - ST - ZIP	Chicago IL 60675
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	Secretary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DODGE JR., ARTHUR	4.2 NAME	Suzanne Rich Folsom Esq.
STREET ADDRESS	715 FOUNTAIN AVE	4.3 STREET ADDRESS	555 B St. NW
CITY - ST - ZIP	LANCASTER PA 17601	4.4 CITY - ST - ZIP	Washington D.C. 20004-1109
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HANDL, WERNER	5.2 NAME	Dugan, Hugh
STREET ADDRESS	SOS KINDERDORF INTL., LUGENSTRASSE 121	5.3 STREET ADDRESS	799 UN Plaza
CITY - ST - ZIP	INNSBRUCK, A-6020 AUSTRIA	5.4 CITY - ST - ZIP	New York NY 10017
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HUGHES, DAVID W.	6.2 NAME	Garter, Jadrice M.
STREET ADDRESS	SOS KINDERDORF INTER. - 1010 PENDLETON ST.	6.3 STREET ADDRESS	1010 Pendleton Street
CITY - ST - ZIP	ALEXANDRIA VA 22314	6.4 CITY - ST - ZIP	Alexandria VA 22314

14. I do 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Sandra B. Mortham

4-30-97

703 683 9020

CR2E037 (9/96)