

2002 UNIFORM BUSINESS REPORT (UBR)**FILED**
Mar 24, 2002 8:00 am
Secretary of State

03-24-2002 90040 035 ****61.25

DOCUMENT # 845032

1. Entity Name

ARMENIAN RELIEF SOCIETY OF EASTERN U.S.A., INC.

Principal Place of Business

Mailing Address

**80 BIGELOW AVENUE
WATERTOWN MA 02472****80 BIGELOW AVENUE
WATERTOWN MA 02472**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

04-2684459

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

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 \$61.259. 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 PD
NAME DAGHLIAN, TALIN
STREET ADDRESS 10 ELENA DRIVE
CITY-ST-ZIP OLD TAPPON NJ 07675 ☒ DeleteTITLE VPD
NAME VARTANIAN, SANDRA
STREET ADDRESS 108-10 METROPOLITAN AVENUE
CITY-ST-ZIP FOREST HILL NY 11375 ☒ DeleteTITLE SD
NAME KILEDJIAN, KNAR
STREET ADDRESS 517 OREGON AVE
CITY-ST-ZIP CLIFFSIDE PARK NJ 07010 ☒ DeleteTITLE D
NAME KHACHADOORIAN, ROSEMARY
STREET ADDRESS 34 PORTER STREET
CITY-ST-ZIP WATERTOWN MA 02472 ☐ DeleteTITLE D
NAME VICHABIAN, MARLENE
STREET ADDRESS 105 WEST AV
CITY-ST-ZIP SEEKONK MA 02771 ☐ DeleteTITLE TD
NAME PARSEGHIAN, MIMI
STREET ADDRESS 20 WOODLAND PARK APT. #347
CITY-ST-ZIP LOWELL MA 01851 ☐ DeleteTITLE PD
NAME PARSEGHIAN, MURIEL (MIMI)
STREET ADDRESS 20 WOODLAND PARK Apt # 347
CITY-ST-ZIP LOWELL, MA 01852 ☒ Change ☐ AdditionTITLE VPD
NAME OSHAGAN GEORGI-ANN
STREET ADDRESS 715 Heatherway St.
CITY-ST-ZIP ANN ARBOR, MI 48104 ☒ Change ☐ AdditionTITLE SD
NAME BASMAJIAN SHAKEN
STREET ADDRESS 4420 Cherry Hill Dr.
CITY-ST-ZIP ORCHARD LAKE, MI 48323 ☒ Change ☐ AdditionTITLE D
NAME KHACHADOORIAN, ROSEMARY
STREET ADDRESS 34 PORTER STREET
CITY-ST-ZIP WATERTOWN, MA 02472 ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE TD
NAME SARAFIAN, SALPI
STREET ADDRESS 130 Dickerman Road
CITY-ST-ZIP NEWTON, MA 02461 ☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)