

2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED
Nov 14, 2005
Secretary of State

DOCUMENT# N42589

Entity Name: SADD - STUDENTS AGAINST DRIVING DRUNK, INC.

Current Principal Place of Business:

255 MAIN STREET
MARLBORO, MA 01752

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 800
MARLBORO, MA 017521102

New Mailing Address:

FEI Number: 04-2764514 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

MIOT, DANIELLE
444 APPELYARD DRIVE
TALLAHASSEE, FL 32304` US

Name and Address of New Registered Agent:

VERL, TODD
444 APPELYARD DRIVE
TALLAHASSEE, FL 32304 US

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: TODD VERL

11/14/2005

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: WELLS, PENELOPE
Address: 225 MAIN ST.
City-St-Zip: MARLBOROUGH, MA 01752

Title: D () Delete
Name: SHARON SIKORA,
Address: 5691 WEST ABAHAM LN
City-St-Zip: GLENDALE, AZ

Title: D () Delete
Name: ALVIANO, JOSEPH
Address: 75 NORTH DRIVE
City-St-Zip: WESTSORO, MA 01581

Title: S () Delete
Name: LAZSON, GLORIA
Address: ONE POST OFFICE SQ
City-St-Zip: BOSTON, MA 02109

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: T (X) Change () Addition
Name: WEILER, ROBERT
Address: 880 WINTER STREET
City-St-Zip: WALTHAM, MA 02451

Title: S (X) Change () Addition
Name: LARSON, GLORIA
Address: 155 SEAPORT BLVD.
City-St-Zip: BOSTON, MA 02210

Title: D (X) Change () Addition
Name: WALLACE, STEPHEN
Address: THE PILOT HOUSE
City-St-Zip: BOSTON, MA 02210

Title: D () Change (X) Addition
Name: DEC, KEN
Address: 335 MIDDLETON ROAD
City-St-Zip: BOXFORD, MA 01921

Title: D () Change (X) Addition
Name: BERMUDEZ, OVIDIO
Address: 436 MEDICAL CENTER SOUTH
City-St-Zip: NASHVILLE, TN 37232

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: PENELOPE WELLS

P

11/14/2005

Electronic Signature of Signing Officer or Director

Date