

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N42589

FILED  
Jan 20, 2009  
Secretary of State

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:**

255 MAIN STREET  
MARLBORO, MA 01752

**New Mailing Address:**

FEI Number: 04-2764514      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

VERL, TODD  
444 APPELYARD DRIVE  
TALLAHASSEE, FL 32304      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: P      ( ) Delete  
Name: WELLS, PENELOPE  
Address: 225 MAIN ST.  
City-St-Zip: MARLBOROUGH, MA 01752

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

Title: S      ( ) Delete  
Name: KEN, DEC  
Address: 25 DRYDOCK AVE, 8TH FLOOR  
City-St-Zip: BOSTON, MA 02210

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

Title: D      ( ) Delete  
Name: FELICITY, DEBACCO-ERNI  
Address: 2413 NORTH FRONT STREET  
City-St-Zip: HARRISBURG, PA 17110

Title: D      ( ) Delete  
Name: BERMUDEZ, OVIDIO  
Address: 6655 S. YALE AVENUE  
City-St-Zip: TULSA, OK 74136

**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:

Title:      ( ) Change ( ) Addition  
Name:  
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 exemption stated in Chapter 119, 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

PRES

01/20/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date