

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N42589 (4)
 1. Corporation Name
SADD - STUDENTS AGAINST DRIVING DRUNK, INC.



Principal Place of Business 255 MAIN STREET MARLBORO MA 01752	Mailing Address P.O. BOX 800 MARLBORO MA 01752-1102
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3. Date Incorporated or Qualified 03/20/1991	3a. Date of Last Report 03/22/1995
4. FEI Number 04-2764514	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

21. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country	22. Mailing Address Suite, Apt. #, etc. City & State Zip Country
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9. Name and Address of Current Registered Agent MAINWOOD, ART ROOM 414, FLORIDA EDUCATION CENTER FLORIDA DEPARTMENT OF EDUCATION TALLAHASSEE FL 32399-0444				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '92	
TITLE	C	1.1 TITLE	PRESIDENT
NAME	STEPHANIE WEAVER	1.2 NAME	Stephen G. WALLACE
STREET ADDRESS	800 S.E. 3RD AVE	1.3 STREET ADDRESS	ONE Ashburton PLACE
CITY-ST-ZIP	FORT LAUDERDALE FL	1.4 CITY-ST-ZIP	BOSTON MA 02108
TITLE	D	2.1 TITLE	Director
NAME	COHEN, ALLAN Y	2.2 NAME	MR. RICK SANDLER
STREET ADDRESS	7101 WISCONSIN AVE.	2.3 STREET ADDRESS	419 Boylston street
CITY-ST-ZIP	BETHESDA MD 20814	2.4 CITY-ST-ZIP	Boston, MA 02116
TITLE	D	3.1 TITLE	
NAME	PETERS, WALTER	3.2 NAME	
STREET ADDRESS	711 WOPPER AVE.	3.3 STREET ADDRESS	
CITY-ST-ZIP	TOMS RIVER NJ 08753	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	
NAME	CULLINANE, WILLIAM	4.2 NAME	
STREET ADDRESS	6 OVERLOOK DR.	4.3 STREET ADDRESS	
CITY-ST-ZIP	FRAMINGHAM MA 01701	4.4 CITY-ST-ZIP	
TITLE	S	5.1 TITLE	
NAME	SHARON SIKORA	5.2 NAME	
STREET ADDRESS	5691 WEST ABAHAM LN	5.3 STREET ADDRESS	
CITY-ST-ZIP	GLENDALDE AZ	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	
NAME	CLAUDE TWO ELK	6.2 NAME	
STREET ADDRESS	P. O. BO 257 N/A	6.3 STREET ADDRESS	
CITY-ST-ZIP	ROSEBUD SD	6.4 CITY-ST-ZIP	

1.1 TITLE	PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Stephen G. WALLACE	
1.3 STREET ADDRESS	ONE Ashburton PLACE	
1.4 CITY-ST-ZIP	BOSTON MA 02108	
2.1 TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	MR. RICK SANDLER	
2.3 STREET ADDRESS	419 Boylston street	
2.4 CITY-ST-ZIP	Boston, MA 02116	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Stephen G. Wallace 1/31/96 308-481-3568
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)