


FILE NOW: FILING FEE IS \$61.25

FILED  
Mar 12 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> 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 <b>255 MAIN STREET MARLBORO MA 01752</b>	Mailing Address <b>P.O. BOX 800 MARLBORO MA 01752-0800</b>
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2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Country
24 Zip	29 Country
25 Country	30 Country

3. Date Incorporated or Qualified <b>03/20/1991</b>	3a. Date of Last Report <b>02/12/1996</b>
4. FEI Number <b>04-2764514</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
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

**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
<b>FL</b> 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 12	
TITLE	<b>P</b> <input type="checkbox"/> DELETE	1.1 TITLE	<b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WALLACE, STEPHEN G</b>	1.2 NAME	
STREET ADDRESS	<b>1 ASHBYRTON PLACE</b>	1.3 STREET ADDRESS	
CITY - ST - ZIP	<b>BOSTON MA</b>	1.4 CITY - ST - ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SANDLER, RICK</b>	2.2 NAME	
STREET ADDRESS	<b>419 BOYLSTON STREET</b>	2.3 STREET ADDRESS	
CITY - ST - ZIP	<b>BOSTON MA</b>	2.4 CITY - ST - ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	3.1 TITLE	<b>P</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CULLINANE, WILLIAM</b>	3.2 NAME	
STREET ADDRESS	<b>6 OVERLOOK DR.</b>	3.3 STREET ADDRESS	
CITY - ST - ZIP	<b>FRAMINGHAM MA 01701</b>	3.4 CITY - ST - ZIP	
TITLE	<b>S</b> <input type="checkbox"/> DELETE	4.1 TITLE	<b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SHARON SIKORA</b>	4.2 NAME	
STREET ADDRESS	<b>5691 WEST ABAHAM LN</b>	4.3 STREET ADDRESS	
CITY - ST - ZIP	<b>GLENDALE AZ</b>	4.4 CITY - ST - ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CLAUDE TWO ELK</b>	5.2 NAME	
STREET ADDRESS	<b>P. O. BO 257 N/A</b>	5.3 STREET ADDRESS	
CITY - ST - ZIP	<b>ROSEBUD SD</b>	5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: \_\_\_\_\_ DATE: **1/27/97**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR \_\_\_\_\_ DAYTIME PHONE # **0078161**

CR2E037 (9/96)