


**FILE NOW: FILING FEE IS \$61.25**

**FILED**

**Jan 30 1998 8:00am  
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</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: **255 MAIN STREET MARLBORO MA 01752**  
Mailing Address: **P.O. BOX 800 MARLBORO MA 01752-1102**

3. Date Incorporated or Qualified: **03/20/1991**  
4. FEI Number: **04-2764514**  
Applied For:  Not Applicable:

21	22	23	24	25	26	27	28	29	30
2. Principal Place of Business		2a. Mailing Address		Suite, Apt. #, etc.		City & State		Zip	
Country		Country		Country		Country		Country	

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**  
6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**  
7. Is this nonprofit corporation a homeowners association?  Yes  No  
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  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 **FL** 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>D</b> <input type="checkbox"/> DELETE	1.1 TITLE	<b>C</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WALLACE, STEPHEN G</b>	1.2 NAME	<b>P.O. BOX 1880</b>
STREET ADDRESS	<b>1 ASHBYRTON PLACE</b>	1.3 STREET ADDRESS	<b>MAIN ST.</b>
CITY-ST-ZIP	<b>BOSTON MA</b>	1.4 CITY-ST-ZIP	<b>BREWSTER, MA 02631</b>
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE <i>USA No Bond</i>	2.1 TITLE	<b>S</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>SANDLER, RICK</b>	2.2 NAME	<b>LARSON, GLORIA C</b>
STREET ADDRESS	<b>419 BOYLSTON STREET</b>	2.3 STREET ADDRESS	<b>30 MAIN ST.</b>
CITY-ST-ZIP	<b>BOSTON MA</b>	2.4 CITY-ST-ZIP	<b>YARMOUTHPORT, MA</b>
TITLE	<b>P</b> <input type="checkbox"/> DELETE	3.1 TITLE	<b>98 Riverwood Drive</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CULLINANE, WILLIAM</b>	3.2 NAME	<b>3 DORR LANE</b> <i>Chatham MA 02633</i>
STREET ADDRESS	<b>6 OVERLOOK DR.</b>	3.3 STREET ADDRESS	<b>HARVARD, MA 02645</b>
CITY-ST-ZIP	<b>FRAMINGHAM MA</b>	3.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	4.1 TITLE	
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 checked="" type="checkbox"/> DELETE	5.1 TITLE	<b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>CLAUDE TWO ELK</b>	5.2 NAME	<b>Michael Dante</b>
STREET ADDRESS	<b>P. O. BO 257 N/A</b>	5.3 STREET ADDRESS	<b>924 West Cornell Dr.</b>
CITY-ST-ZIP	<b>ROSEBUD SD</b>	5.4 CITY-ST-ZIP	<b>Tempe, AZ</b>
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	<b>Gimbel, Michael</b>
STREET ADDRESS		6.3 STREET ADDRESS	<b>9 Greenridge Rd.</b>
CITY-ST-ZIP		6.4 CITY-ST-ZIP	<b>Luthersville, MD</b>

14. 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 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: *[Signature]*

CR2E037 (10/97)