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**Feb 27, 1999 8:00 am**  
**Secretary of State**

02-27-1999 90056 038 \*\*\*\*61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # **N42589**

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



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

03/20/1991

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number  
 04-2764514

Applied For  
 Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired

\$8.75 Additional Fee Required

23 Zip

Country

28 Zip

Country

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MAINWOOD, ART  
 ROOM 414, FLORIDA EDUCATION CENTER  
 FLORIDA DEPARTMENT OF EDUCATION  
 TALLAHASSEE FL 32399-0444

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	C <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WALLACE, STEPHEN G	1.2 NAME	
STREET ADDRESS	P.O. BOX 1880, MAIN ST	1.3 STREET ADDRESS	
CITY-ST-ZIP	BREWSTER MA 02631	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SANDLER, RICK	2.2 NAME	
STREET ADDRESS	419 BOYLSTON STREET	2.3 STREET ADDRESS	
CITY-ST-ZIP	BOSTON MA	2.4 CITY-ST-ZIP	
TITLE	P <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CULLINANE, WILLIAM	3.2 NAME	
STREET ADDRESS	98 RIVERVIEW DR	3.3 STREET ADDRESS	
CITY-ST-ZIP	CLEAMAUE MA 02633	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHARON SIKORA	4.2 NAME	
STREET ADDRESS	5691 WEST ABAHAM LN	4.3 STREET ADDRESS	
CITY-ST-ZIP	GLENDALE AZ	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DANID, MICHAEL	5.2 NAME	D Joseph ALVIANI
STREET ADDRESS	929 WEST CORNELL DR	5.3 STREET ADDRESS	75 NORTH DRIVE
CITY-ST-ZIP	TEMPE AZ	5.4 CITY-ST-ZIP	WestSara, MA 01581
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GIMBEL, MICHAEL	6.2 NAME	
STREET ADDRESS	9 GREENRIDGE RD	6.3 STREET ADDRESS	
CITY-ST-ZIP	LUTHERVILLE MD	6.4 CITY-ST-ZIP	

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, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**

1-27-99

508-481-3568

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/98)