

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2002 8:00 am
Secretary of State

04-18-2002 90466 043 ****70.00

DOCUMENT # N42589

1. Entity 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

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

04-2764514

Applied For
 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

8. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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

Penelope Wells

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

(NOTE: Registered Agent signature required when reinstating)

2/20/02

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

Make Check Payable to
 Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WELLS, PENELOPE 225 MAIN ST. MARLBOROUGH MA 01752	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SANDLER, RICK 419 BOYLSTON STREET BOSTON MA	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHARON SIKORA 5691 WEST ABAHAM LN GLENDALE AZ	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALVIANO, JOSEPH 75 NORTH DRIVE WESTSORO MA 01581	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GIMBEL, MICHAEL 9 GREENRIDGE RD LUTHERVILLE MD	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GLORIA LARSON ONE POST OFFICE Sq. BOSTON, MA 02109	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	ELIZABETH MC CARTHY 91 SHERMAN ST #3 CAMBRIDGE MA 02140	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GAIL MILGRAM 607 ALLISON RD. PISCATAWAY NJ 08854	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STEPHEN WALLACE ONE FINANCIAL CENTER BOSTON, MA 02111	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Penelope Wells

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

2/20/02

DAYTIME PHONE #

808/481-3868

CR2E037 (9/01)