

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 07, 2003 8:00 am
Secretary of State

02-07-2003 90107 019 ****61.25

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



CHECK HERE IF MAKING CHANGES

4. FEI Number **04-2764514**

Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name **Danielle Miot**
Street Address (P.O. Box Number is Not Acceptable)
444 Appykand Drive
City **Tallahassee** FL Zip Code **32304**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *[Signature]* **02/04/03**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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 Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|----------------|-----------------------------|---------------------------------|
| TITLE | P | <input type="checkbox"/> Delete |
| NAME | WELLS, PENELOPE | |
| STREET ADDRESS | 225 MAIN ST. | |
| CITY-ST-ZIP | MARLBOROUGH MA 01752 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | SANDLER, RICK | |
| STREET ADDRESS | 419 BOYLSTON STREET | |
| CITY-ST-ZIP | BOSTON MA | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | SHARON SIKORA | |
| STREET ADDRESS | 5891 WEST ABAHAM LN | |
| CITY-ST-ZIP | GLENDALE AZ | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | ALVIANO, JOSEPH | |
| STREET ADDRESS | 75 NORTH DRIVE | |
| CITY-ST-ZIP | WESTSORO MA 01581 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | GIMBEL, MICHAEL | |
| STREET ADDRESS | 9 GREENRIDGE RD | |
| CITY-ST-ZIP | LUTHERVILLE MD | |
| TITLE | S | <input type="checkbox"/> Delete |
| NAME | LAZSON, GLORIA | |
| STREET ADDRESS | ONE POST OFFICE SQ | |
| CITY-ST-ZIP | BOSTON MA 02109 | |

| | |
|----------------|---|
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
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| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

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: *[Signature]* **Penelope Wells, President** **508-481-3568**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/02)