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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F97000002568

1. Corporation Name
CLARKE SCHOOL FOR THE DEAF, INCORPORATED

Principal Place of Business 47 ROUND HILL ROAD NORTHAMPTON MA 01060	Mailing Address 47 ROUND HILL ROAD NORTHAMPTON MA 01060
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 05/15/1997
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 04-2104008 Applied For Not Applicable
City & State 23	City & State 28	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent ALLEN, SUSAN DIRECTR CLARKE-JACKSONVILLE, AUDITORY/ORAL CENTER 9857 ST. AUGUSTINE ROAD JACKSONVILLE FL 32257	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
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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE P	<input type="checkbox"/> DELETE NAME GJERDINGEN, DENNIS STREET ADDRESS 83 ROUND HILL ROAD CITY-ST-ZIP NORTHAMPTON MA 01060	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE T	<input type="checkbox"/> DELETE NAME BALICKI, STEPHEN STREET ADDRESS 83 BANCROFT ROAD CITY-ST-ZIP NORTHAMPTON MA 01060	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE TRST	<input type="checkbox"/> DELETE NAME BARTLETT, CATHERINE MD STREET ADDRESS 191 NORTH ELM STREET CITY-ST-ZIP NORTHAMPTON MA 01060	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE TRST	<input type="checkbox"/> DELETE NAME BERMAN, MARK STREET ADDRESS 400 RIVERDALE STREET CITY-ST-ZIP NORTHAMPTON MA 01060	4.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	4.4 CITY-ST-ZIP W. Springfield, MA 01089
TITLE TRST	<input type="checkbox"/> DELETE NAME BRUCE, JOSEPH J STREET ADDRESS 377 WALNUT AVENUE CITY-ST-ZIP ROXBURY MA 02119	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE TRST	<input type="checkbox"/> DELETE NAME COVELL, RICHARD B STREET ADDRESS 72 FOX FARMS ROAD CITY-ST-ZIP FLORENCE MA 01060	6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	

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: STEPHEN BALICKI 1-20-99 413-582-1150
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/198)