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**May 10, 1999 8:00 am**  
**Secretary of State**

05-10-1999 90131 042 \*\*\*\*61.25

NONPROFIT  
 CORPORATION  
 ANNUAL REPORT  
**1999**



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

**DOCUMENT # P31246**

1. Corporation Name  
**HELEN KELLER INTERNATIONAL, INCORPORATED**

Principal Place of Business  
**90 WASHINGTON ST.  
 NEW YORK NY 10006**

Mailing Address  
**90 WASHINGTON ST.  
 15TH FLOOR  
 NEW YORK NY 10006  
 US**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		10/09/1990	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		13-5562162	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>	
23		28		\$8.75 Additional Fee Required	
Zip Country		Zip Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	
24		29		30	
25		29		30	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>BROWN, STACY DANIEL                  110 SHEPHERD TRAIL                  LONGWOOD FL 32750</b>				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				85 Zip Code			
				FL			

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	D <input type="checkbox"/> DELETE	1.1 TITLE	P <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PALMER, JOHN</b>	1.2 NAME	
STREET ADDRESS	<b>90 WASHINGTON ST. HELEN KELLER INTERATION</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>NEW YORK CITY NY 10006</b>	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	TR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FORD, HADLEY</b>	2.2 NAME	
STREET ADDRESS	<b>1345 AVENUE OF THE AMERICAS</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>NEW YORK NY 10105</b>	2.4 CITY-ST-ZIP	
TITLE	VC <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WATSON, JR. M</b>	3.2 NAME	
STREET ADDRESS	<b>P. O. BOX 2530 N/A</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>JUPITER FL 33468</b>	3.4 CITY-ST-ZIP	
TITLE	ST <input type="checkbox"/> DELETE	4.1 TITLE	S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BROCK, MITCHELL</b>	4.2 NAME	
STREET ADDRESS	<b>PO BOX 452, PILOT LN N/A</b>	4.3 STREET ADDRESS	<b>323 Pilot Point Lane</b>
CITY-ST-ZIP	<b>BOCA GRANDE FL</b>	4.4 CITY-ST-ZIP	<b>Boca Grande, FL 33921</b>
TITLE	CT <input type="checkbox"/> DELETE	5.1 TITLE	C <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SISLER, DANIEL G.</b>	5.2 NAME	
STREET ADDRESS	<b>116 WARREN HALL</b>	5.3 STREET ADDRESS	<b>411 Warren Hall</b>
CITY-ST-ZIP	<b>ITHACA NY</b>	5.4 CITY-ST-ZIP	<b>Ithaca, NY 14853</b>
TITLE	T <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CITRON, JOHN</b>	6.2 NAME	
STREET ADDRESS	<b>36 JESSE ELFREDGERD</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>SOUTH HARWICH MA 12661</b>	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: JOHN PALMER, PRESIDENT 4/9/99 212-943-0890

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**HELEN KELLER**  
**INTERNATIONAL**

**HELEN KELLER INTERNATIONAL  
BOARD OF TRUSTEES**

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**Gustavo Vollmer J.**

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**H. Mitchell Watson, Jr. (Vice Chairman)**

President  
SIGMA Group  
P.O. Box 2530  
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**May -Nov.**

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**Dec. - April**

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or

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**Richard D. Wright**

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PhyCor —  
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May 6, 1998

aw\board\board of trustees

*A world leader in blindness prevention and rehabilitation since 1915*

WORLD HEADQUARTERS 90 WASHINGTON STREET, NEW YORK, NEW YORK 10006 TEL (212) 943-0890 FAX (212) 943-1220



**HELEN KELLER**  
**INTERNATIONAL**

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**HELEN KELLER INTERNATIONAL  
HONORARY TRUSTEES**

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**Elizabeth J. McCormack**  
Rockefeller Family and Associates  
Room 5600  
30 Rockefeller Plaza  
New York, NY 10112

**The Honorable Barbara A. Mikulski**  
United States Senator  
320 Senate Hart Building  
Washington, DC 20510-2003

**INTERNATIONAL COUNCIL**

---

**Donald H. Hubbs**  
President  
The Conrad H. Hilton Foundation  
10100 Santa Monica Boulevard, Suite 740  
Los Angeles, CA 90067-4011

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**HELEN KELLER**  
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**HELEN KELLER INTERNATIONAL  
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**WASHINGTON D.C. ADVISOR**

---

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---

**Peter Bergmann, Esq.**  
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---

**Mr. Iwan Tirta**  
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**Mark Abrams**

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**HELEN KELLER**  
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**HELEN KELLER INTERNATIONAL  
BOARD OF TRUSTEES**

**Hadley C. Ford (Executive Committee)**

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