

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P31246

FILED
Apr 06, 2010
Secretary of State

Entity Name: HELEN KELLER INTERNATIONAL, INCORPORATED

Current Principal Place of Business:

352 PARK AVE SOUTH
STE. 1200
NEW YORK, NY 10010

New Principal Place of Business:

Current Mailing Address:

352 PARK AVE SOUTH
STE. 1200
NEW YORK, NY 10010

New Mailing Address:

FEI Number: 13-5562162 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DRIVE, SUITE 4
WESTON, FL 33331 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: C/D
Name: PERKINS, BRADFORD
Address: 352 PARK AVE SOUTH #1200
City-St-Zip: NEW YORK, NY 10010

Title: PCEO
Name: SPAHN, KATHY
Address: 352 PARK AVENUE SOUTH #1200
City-St-Zip: NEW YORK, NY 10010

Title: VP
Name: KLOPP, JENNIFER
Address: 352 PARK AVENUE SOUTH #1200
City-St-Zip: NEW YORK, NY 10010

Title: D
Name: ADOLPH, GERALD
Address: 352 PARK AVENUE SOUTH #1200
City-St-Zip: NEW YORK, NY 10010

Title: T/D
Name: THOMAS, ROBERT M JR
Address: 352 PARK AVENUE SOUTH #1200
City-St-Zip: NEW YORK, NY 10010

Title: S/D
Name: SMITH LIONE, NANCY
Address: 352 PARK AVENUE SOUTH #1200
City-St-Zip: NEW YORK, NY 10010

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: KATHY SPAHN

PCEO

04/06/2010

_____ Electronic Signature of Signing Officer or Director

_____ Date