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Jun 18 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **840668** (8)

1. Corporation Name

THE GLOBAL HUNGER PROJECT, INC.

Principal Place of Business

Mailing Address

**1388 SUTTER ST
SAN FRANCISCO CA 94109
US**

**15 E 26TH ST
STE 1401
NEW YORK NY 10010
US**



3. Date Incorporated or Qualified

05/17/1978

4. FEI Number

94-2443282

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 15 E. 26th Street

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Suite 1401

27

City & State

City & State

23 New York, NY

28

Zip

Zip

Country

Country

24 10010

25 U.S.A.

29

30

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

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
PLANTATION FL 33324**

81 Name

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

83

84 City

FL

85 Zip Code

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

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

(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
NAME	DR MS SWAMINATHAN	
STREET ADDRESS	11 RATHNA NAGAR	
CITY - ST - ZIP	TEYNAMPET MA	

1.1 TITLE	CFO/Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	George A. Woodring	
1.3 STREET ADDRESS	443 12th Street, Apt 3G	
1.4 CITY - ST - ZIP	Brooklyn, NY 11215	

TITLE	COO	<input checked="" type="checkbox"/> DELETE
NAME	CARDONA, HUGO	
STREET ADDRESS	15 E 26TH ST STE 1401	
CITY - ST - ZIP	NEW YORK NY	

2.1 TITLE	Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	John Coonrod	
2.3 STREET ADDRESS	201 E. 17th Street, Apt. 27D	
2.4 CITY - ST - ZIP	New York, NY 10003	

TITLE	P	<input type="checkbox"/> DELETE
NAME	HOLMES, JOAN	
STREET ADDRESS	15 E 26TH ST STE 1401	
CITY - ST - ZIP	NEW YORK NY	

3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Madhur Bajaj	
3.3 STREET ADDRESS	Baja Auto Ltd.	
3.4 CITY - ST - ZIP	Akurd, Pune 411 035 India	

TITLE	AS	<input type="checkbox"/> DELETE
NAME	SCHARIN, MARIA	
STREET ADDRESS	15 E 26TH ST STE 1401	
CITY - ST - ZIP	NEW YORK NY	

4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Peter Bourne	
4.3 STREET ADDRESS	2119 Leroy Place NW	
4.4 CITY - ST - ZIP	Washington, DC 20008	

TITLE	AT	<input checked="" type="checkbox"/> DELETE
NAME	NILSSON, GUNNAR	
STREET ADDRESS	1388 SUTTER ST.	
CITY - ST - ZIP	SAN FRANCISCO CA	

5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	George M. Weiss	
5.3 STREET ADDRESS	500 E. 77th St.	
5.4 CITY - ST - ZIP	New York, NY 10021	

TITLE	S	<input type="checkbox"/> DELETE
NAME	DEULL, CHARLES	
STREET ADDRESS	148 WEST 23RD STREET, # 9F	
CITY - ST - ZIP	NEW YORK NY	

6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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.

SIGNATURE: **George A. Woodring, CFO**

4/27/98

(212) 251-0100

CR2E037 (1097)