

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **846308** (5)

1. Corporation Name

SAVE THE CHILDREN FEDERATION, INCORPORATED

Principal Place of Business

54 WILTON RD
WESTPORT CT 06880

Mailing Address

54 WILTON RD
WESTPORT CT 06880

APPROVED
AND
FILED

95 APR 18 AM 9:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 06/24/1980	3a. Date of Last Report 02/09/1994
4. FEI Number 06-0726487	Applied For ☐ Not Applicable
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. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No	

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	700001459787
84 City	-04/19/95--01006--010 *****51.25 FL 15**261.25

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reappointing) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	11 TITLE	☐ Change ☐ Addition
NAME	MACCORMACK, CHARLES F	12 NAME	
STREET ADDRESS	95 NORTH ST	13 STREET ADDRESS	
CITY - ST - ZIP	EASTON CT	14 CITY - ST - ZIP	
TITLE	T	21 TITLE	☒ Change ☐ Addition
NAME	SULLIVAN, HELENE	22 NAME	
STREET ADDRESS	21 NORTHBRIDGE RD	23 STREET ADDRESS	261 Westport Rd
CITY - ST - ZIP	OLD GREENWICH CT	24 CITY - ST - ZIP	Wilton, CT
TITLE	V	31 TITLE	☒ Change ☐ Addition
NAME	MEERSMAN, TERRENCE R	32 NAME	
STREET ADDRESS	55 STEEP HILL RD	33 STREET ADDRESS	235 Shoreham Village Dr
CITY - ST - ZIP	WESTON CT	34 CITY - ST - ZIP	Fairfield, CT
TITLE	V	41 TITLE	Change-x
NAME	SHAYE, GARY	42 NAME	D Najeab E. Halaby
STREET ADDRESS	142 CITIES LANE	43 STREET ADDRESS	800 Towers Crescent Drive
CITY - ST - ZIP	NORWALK CT	44 CITY - ST - ZIP	Vienna, VA
TITLE	V	51 TITLE	☒ Change ☐ Addition
NAME	ANGLE, RICHARD	52 NAME	
STREET ADDRESS	52 UNCAS CIR	53 STREET ADDRESS	Catherine Herman
CITY - ST - ZIP	GUILFORD CT	54 CITY - ST - ZIP	295 Saugatuck Avenue
TITLE	V	61 TITLE	Change-x
NAME	KUNDER, JAMES	62 NAME	D-Loret Ruppe
STREET ADDRESS	7 POST ROAD	63 STREET ADDRESS	1 Darby Court
CITY - ST - ZIP	WESTPORT CT	64 CITY - ST - ZIP	Bethesda, MD 20817

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption under Section 607.0502, Florida Statutes, 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: Terrence R. Meersman 3/27/95 203-221-4000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Type Name)