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Feb 02, 1999 8:00am
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02-02-1999 90008 011 *****61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # 846308

1. Corporation Name

SAVE THE CHILDREN FEDERATION, INCORPORATED

Principal Place of Business

54 WILTON RD
WESTPORT CT 06880

Mailing Address

ATTN: ANDREA WILLIAMSON-HUGHES
54 WILTON RD
WESTPORT CT 06880



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29

30

3. Date Incorporated or Qualified

06/24/1980

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

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

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

TITLE P
NAME MACCORMACK, CHARLES F
STREET ADDRESS 95 NORTH ST
CITY-ST-ZIP EASTON CT ☐ DELETE

TITLE T
NAME SULLIVAN, HELENE
STREET ADDRESS 281 WESTPORT RD.
CITY-ST-ZIP WILTON CT ☐ DELETE

TITLE VS
NAME PALLADINO, DONALD J
STREET ADDRESS 11 OLD HILL RD.
CITY-ST-ZIP WESTPORT CT ☐ DELETE

TITLE D
NAME HALABY, NAJEEB E
STREET ADDRESS 800 TOWERS CRESCENT DRIVE
CITY-ST-ZIP VIENNA VA ☐ DELETE

TITLE D
NAME GEORGE, TINA
STREET ADDRESS 450 PARK AVE SO
CITY-ST-ZIP NEW YORK NY 10016 ☐ DELETE

TITLE D
NAME MILLER, HENRY
STREET ADDRESS 31 W 52ND ST
CITY-ST-ZIP NEW YORK NY ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED: Charles MacCormack, President

1-14-99

Date Daytime Phone #

CR2E037 (1/198)