


FILE NOW: FILING FEE IS \$61.25

FILED
May 16 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # F92000000940 (8) 1. Corporation Name THE PRASAD PROJECT, INC.			
Principal Place of Business 465 BRICKMAN RD HURLEYVILLE NY 12747 US		Mailing Address 465 BRICKMAN RD HURLEYVILLE NY 12747-5314 US	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30	
3. Date Incorporated or Qualified 12/15/1992		3a. Date of Last Report 03/14/1996	
4. FEI Number 14-1751000		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
9. Name and Address of Current Registered Agent PAPINO, ROBERTA 3285 MACDONALD STREET MIAMI FL 33133		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 617.1506, 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 _____ Signature, typed or printed name of registered agent and title if applicable			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	T	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCCRACKEN, ED	1.2 NAME	
STREET ADDRESS	11 ANGELA	1.3 STREET ADDRESS	
CITY-ST-ZIP	LOS ALTOS CA	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DACOMINE, FREDERIC	2.2 NAME	
STREET ADDRESS	80 BLVD PORT ROYAL	2.3 STREET ADDRESS	
CITY-ST-ZIP	75005 PARIS FRANCE	2.4 CITY-ST-ZIP	
TITLE	PD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PARRISH, CATHERINE A.	3.2 NAME	
STREET ADDRESS	282 MT CLIFF ROAD	3.3 STREET ADDRESS	
CITY-ST-ZIP	HURLEYVILLE NY	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRENT, RONALD J	4.2 NAME	
STREET ADDRESS	371 BRICKMAN RD	4.3 STREET ADDRESS	
CITY-ST-ZIP	SOUTH FALLSBURG NY	4.4 CITY-ST-ZIP	
TITLE	VPD	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ECKLES, JACLYNE	5.2 NAME	
STREET ADDRESS	465 BRICKMAN RD	5.3 STREET ADDRESS	
CITY-ST-ZIP	HURLEYVILLE NY	5.4 CITY-ST-ZIP	
TITLE	S	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WYCKOFF, KATHERINE	6.2 NAME	
STREET ADDRESS	1616 FT MYER DR 11TH FL	6.3 STREET ADDRESS	
CITY-ST-ZIP	ARLINGTON VA	6.4 CITY-ST-ZIP	
14. I do 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: <i>Catherine A. Parrish</i>		4.21.97 914-434-0376	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone # 0075575	

CR2E037 (9/96)