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Mar 05 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F92000000940 (8)**

1. Corporation Name

**THE PRASAD PROJECT, INC.**



Principal Place of Business	Mailing Address
465 BRICKMAN RD HURLEYVILLE NY 12747 US	465 BRICKMAN RD HURLEYVILLE NY 12747 US

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

3. Date Incorporated or Qualified	12/15/1992 3/13/92
4. FEI Number	14-1751000
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
7. Is this nonprofit corporation a homeowners association?	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	<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 617.1508, 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS	
TITLE	T MCCRACKEN, ED <input type="checkbox"/> DELETE
NAME	11 ANGELA
STREET ADDRESS	LOS ALTOS CA
CITY-ST-ZIP	
TITLE	D DACOMINE, FREDERIC <input type="checkbox"/> DELETE
NAME	80 BLVD PORT ROYAL
STREET ADDRESS	75005 PARIS FRANCE
CITY-ST-ZIP	
TITLE	PD PARRISH, CATHERINE A. <input type="checkbox"/> DELETE
NAME	282 MT CLIFF ROAD
STREET ADDRESS	HURLEYVILLE NY
CITY-ST-ZIP	
TITLE	D BRENT, RONALD J <input type="checkbox"/> DELETE
NAME	371 BRICKMAN RD
STREET ADDRESS	SOUTH FALLSBURG NY
CITY-ST-ZIP	
TITLE	VPD ECKLES, JACLYNE <input type="checkbox"/> DELETE
NAME	465 BRICKMAN RD
STREET ADDRESS	HURLEYVILLE NY
CITY-ST-ZIP	
TITLE	S WYCKOFF, KATHERINE <input type="checkbox"/> DELETE
NAME	1616 FT MYER DR 11TH FL
STREET ADDRESS	ARLINGTON VA
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	McCracken, Ed
1.3 STREET ADDRESS	365 FORREST AVE.; #
1.4 CITY-ST-ZIP	PALO ALTO, CA 94301
2.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Dacumine, Frederic
2.3 STREET ADDRESS	14 Rue Mayet
2.4 CITY-ST-ZIP	Paris F-75006 France
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	D <input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	BRENT, RONALD J
4.3 STREET ADDRESS	36 SOUTH WOODLAND
4.4 CITY-ST-ZIP	ENGLEWOOD, NJ 07631
5.1 TITLE	VPD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Eckles, Jaclyne
5.3 STREET ADDRESS	1364 BEDFORD ROAD
5.4 CITY-ST-ZIP	PLEASANTVILLE, NY 10570
6.1 TITLE	S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	Wyckoff, Katherine
6.3 STREET ADDRESS	2413 Corralitos Rd
6.4 CITY-ST-ZIP	Watsonville, CA 95076

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 \_\_\_\_\_ 3/27/98 0114 124-0371

CR2E037 (10/97)

**The PRASAD Project  
Board of Directors and Officers**

**Edward R. McCracken**  
365 Forest Ave., #4  
Palo Alto, CA 94301

**Chairman of the Board**

**Catherine Parrish**  
262 Mt. Cliff Road  
Hurleyville, NY 12747

**Executive Director & President**

**Jaclyne Eckles**  
1364 Bedford Road  
Pleasantville, NY 10570

**Vice-President**

**Katherine Wyckoff**  
243 Corralitos Road  
Watsonville, CA 95076

**Secretary**

**Steve Lane**  
1662 Delia Drive  
Decatur, GA 30033

**Treasurer**

**Dr. William B. Lewis**  
2134 Westfall Road  
Rochester, NY 14618

**Director**

**Frederic Dacqmine**  
14 rue Mayet  
Paris F-75006, FRANCE

**Director**

**Ronald J. Brent**  
36 South Woodland  
Englewood, NJ 07631

**Director**

**Dr. Ranbir A. Maker**  
75 Coachman Place West  
Mutton Town Knolls  
Syosset, NY 11791

**Director**

**Carlos Suarez**  
Cerro de la Escondida 115  
Pedregal San Francisco  
Coyoacan, Mexico 04320

**Director**