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Mar 24, 1999 8:00 am  
Secretary of State

03-24-1999 90012 018 \*\*\*\*61.25

NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # F92000000940**

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 US
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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	3. Date Incorporated or Qualified 30 <del>1/15/1992</del> 3/13/92	4. FEI Number 14-1751000 Applied For Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	6. Election Campaign Financing, Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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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
85 Zip Code

**FL**

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	<input type="checkbox"/> DELETE
NAME	MCCRACKEN, ED	
STREET ADDRESS	365 FORREST AVE	
CITY-ST-ZIP	PALO ALTO CA 94301	
TITLE	D	<input type="checkbox"/> DELETE
NAME	DACQMIN, FREDERIC	
STREET ADDRESS	14 RUE MAYET	
CITY-ST-ZIP	PARIS F 75006 FR	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	PARRISH, CATHERINE A.	
STREET ADDRESS	262 MT CLIFF ROAD	
CITY-ST-ZIP	HURLEYVILLE NY	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BRENT, RONALD J	
STREET ADDRESS	36 SOUTH WOODARD	
CITY-ST-ZIP	ENGLEWOOD NJ 07631	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	ECKLES, JACLYNE	
STREET ADDRESS	1364 BEDFORD ROAD	
CITY-ST-ZIP	PLEASANTVILLE NY 10570	
TITLE	S	<input type="checkbox"/> DELETE
NAME	WYCKOFF, KATHERINE	
STREET ADDRESS	243 CORRALITOS RD	
CITY-ST-ZIP	WATERSONVILLE CA 95076	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition of address
1.2 NAME	
1.3 STREET ADDRESS	262 Mt. Cliff Rd
1.4 CITY-ST-ZIP	Hurleyville, NY 12747
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	PD
3.2 NAME	J THOMAS MORSE
3.3 STREET ADDRESS	DOOHICKY LANE
3.4 CITY-ST-ZIP	SOUTH FALLSBURG, NY 12779
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
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, with all other like empowered.

SIGNATURE: EDWARD B. MCCRACKEN 3/18/99 (414) 434-0376  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0082650

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