

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 16, 2001 8:00 am**  
**Secretary of State**

05-16-2001 90205 027 \*\*\*\*61.25

**DOCUMENT # F92000000940**

1. Entity 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

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

**14-1751000 1751086**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

**PAPINO, ROBERTA**  
**3285 MACDONALD STREET**  
**MIAMI FL 33133**

7. Name and Address of New Registered Agent

Name \_\_\_\_\_  
 Street Address (P.O. Box Number is Not Acceptable) \_\_\_\_\_  
 City **FL** Zip Code \_\_\_\_\_

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:**  
**FEE IS \$61.25**

9. Election Campaign Financing  
 Trust Fund Contribution.

**\$5.00** May Be  
 Added to Fees

**Make Check Payable to**  
**Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	T	<input type="checkbox"/> Delete
NAME	MCCRACKEN, ED	
STREET ADDRESS	262 MT CLIFF RD	
CITY-ST-ZIP	HURLEYVILLE NY 12747	
TITLE	D	<input type="checkbox"/> Delete
NAME	DACQMINNE, FREDERIC	
STREET ADDRESS	14 RICE MAYET	
CITY-ST-ZIP	PARIS F 75006 FR	
TITLE	PD	<input type="checkbox"/> Delete
NAME	MORSE, J. THOMAS	
STREET ADDRESS	DOOHICKY LANE	
CITY-ST-ZIP	SOUTH FALLSBURG NY 12779	
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, TACLZYNE	
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	

TITLE	<i>C/O</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>Chairman/Director</i>	
STREET ADDRESS	<i>McCracken, Ed</i>	
CITY-ST-ZIP	<i>50 Forest Road 76</i>	
CITY-ST-ZIP	<i>Angel Fire, NM 87710</i>	
TITLE	<i>VC/D</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>Vice Chairman/Director</i>	
STREET ADDRESS	<i>Dacqmine, Frederic</i>	
CITY-ST-ZIP	<i>14 Rue Mayet</i>	
CITY-ST-ZIP	<i>F-Paris 75006, FRANCE</i>	
TITLE	<i>D</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>Director</i>	
STREET ADDRESS	<i>Morse, J. Thomas</i>	
CITY-ST-ZIP	<i>Doochicky Lane</i>	
CITY-ST-ZIP	<i>South Fallsburg, NY 12779</i>	
TITLE	<i>D</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>Director</i>	
STREET ADDRESS	<i>Brent, Ronald J.</i>	
CITY-ST-ZIP	<i>14 Tremper Ave.</i>	
CITY-ST-ZIP	<i>Phoenicia, NY 12464</i>	
TITLE	<i>VP/D</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>VP/D</i>	
STREET ADDRESS	<i>Eckles, Jaelyne</i>	
CITY-ST-ZIP	<i>1364 Bedford Rd</i>	
CITY-ST-ZIP	<i>Pleasantville NY 10570</i>	
TITLE	<i>S</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>Wyckoff, Katherine</i>	
STREET ADDRESS	<i>343 Corralitos Rd.</i>	
CITY-ST-ZIP	<i>Watsonville, CA 95076</i>	

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Katherine Wyckoff (Katherine Wyckoff) 4/18/01 831722-5071*

CR2E037 (10/00)