

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2002 8:00 am
Secretary of State

05-14-2002 90052 015 ****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
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 14-1751000		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent					
PAPINO, ROBERTA 3285 MACDONALD STREET MIAMI FL 33133				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	CD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MCCRACKEN, ED		NAME		
STREET ADDRESS	50 FOREST ROAD 76		STREET ADDRESS		
CITY-ST-ZIP	ANGEL FIRE NM 87710		CITY-ST-ZIP		
TITLE	VCD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	DACQMINNE, FREDERIC		NAME		
STREET ADDRESS	14 RICE MAYET		STREET ADDRESS		
CITY-ST-ZIP	PARIS F 75006 FR		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MORSE, J. THOMAS		NAME		
STREET ADDRESS	DOOHICKY LANE		STREET ADDRESS		
CITY-ST-ZIP	SOUTH FALLSBURG NY 12779		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BRENT, RONALD J		NAME		
STREET ADDRESS	14 TREMPER AVE		STREET ADDRESS		
CITY-ST-ZIP	PHOENICIA NY 12464		CITY-ST-ZIP		
TITLE	VPD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ECKLES, JACLYNE		NAME		
STREET ADDRESS	1364 BEDFORD ROAD		STREET ADDRESS		
CITY-ST-ZIP	PLEASANTVILLE NY 10570		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	WYCKOFF, KATHERINE		NAME		
STREET ADDRESS	243 CORRALITOS RD		STREET ADDRESS		
CITY-ST-ZIP	WATERSONVILLE CA 95076		CITY-ST-ZIP		

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 **4/16/02** **831/722-5071**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)