


**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 16, 2004 8:00 am**  
**Secretary of State**

04-16-2004 90038 003 \*\*\*\*61.25

**DOCUMENT # F93000002188**

1. Entity Name  
**PARTNERSHIP FOR A DRUG-FREE AMERICA, INC.**



Principal Place of Business  
 405 LEXINGTON AVENUE  
 STE 1601  
 NEW YORK, NY 10174

Mailing Address  
 405 LEXINGTON AVENUE  
 STE 1601  
 NEW YORK, NY 10174

**54034768**



2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

City & State

Zip Country Zip Country

03082004 Chg-NP CR2E037 (10/03)

6. Name and Address of Current Registered Agent  
**MAPES, LYNN C**  
**206 MORTON STREET**  
**MARATHON, FL 33050**

4. FEI Number  
**13-3413627**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25**  
**Due by May 1, 2004**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**Make check payable to Florida Department of State**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>VERSFELT, DAVID</b> <b>1251 AVENUE OF THE AMERICAS, 45TH FLOOR</b> <b>NEW YORK, NY 100201104</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>C</b> <b>BURKE, JAMES E</b> <b>6 CONSTITUTION HILL, EAST</b> <b>PRINCETON, NJ 08540</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>BURKE, DANIEL B</b> <b>77 WEST 66TH STREET</b> <b>NEW YORK, NY 10023</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>See attached list of Officers &amp; Directors</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Chairman Emeritus</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Robert L. Caruso **Robert L. Caruso CFO 3-16-04**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #



*Attachment*  
PARTNERSHIP FOR A DRUG-FREE AMERICA  
Board of Directors

54034768

#F9300002188

**Mr. Roy J. Bostock**  
Chairman  
Partnership for a Drug-Free America  
405 Lexington Avenue, 16th Floor  
New York, NY 10174  
Tel: (212) 973-3510  
Fax: (212) 697-1031  
Email: roy\_bostock@drugfree.org  
Assistant: Claire Kelly

**Mr. Stephen J. Pasierb**  
President & CEO  
Partnership for a Drug-Free America  
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Assistant: Claire Kelly

**Mr. James E. Burke**  
Chairman Emeritus  
Partnership for a Drug-Free America  
405 Lexington Avenue, 16th Floor  
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Fax: (212) 697-1031  
Email: jim\_burke@drugfree.org  
Assistant: Kerstin Sachl

**Mr. Craig Brown**  
Board Treasurer, PDFA  
  
Chief Executive Officer  
Keelers Ridge Associates  
537 Steamboat Road, Suite 200  
Greenwich, CT 06830  
Tel: (203) 769-2388  
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Assistant: Marla Evans

**Mr. Allen Rosenshine**  
Vice Chairman &  
Executive Creative Director, PDFA

**Mr. O. Burtch Drake**  
Board Secretary, PDFA

Chairman & CEO  
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President & CEO  
AAAA  
405 Lexington Avenue, 18th Floor  
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Email: obd@aaaa.org  
Assistant: Michele Adams

\* \* \* \* \*

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 President & CEO  
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**Maj. Gen. Arthur T. Dean (USA, Retired)**  
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**Mr. Daniel B. Burke**  
 President & CEO (Retired)  
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**Ms. Sydney K. Hunsdale**  
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