6-27-97 - B-7913-

FILE NOW: FILING FEE IS $61.25

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Jun 27 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F95000002815 (7)

1. Corporation Name
GIFTS IN KIND AMERICA, INC.

Principal Place of Business	Mailing Address
333 N. FAIRFAX ST. ALEXANDRIA VA 22314	333 N. FAIRFAX ST. ALEXANDRIA VA 22314-2632

3. Date Incorporated or Qualified: **05/31/1995**
3a. Date of Last Report: **04/26/1996**

2. Principal Place of Business — 21
Suite, Apt. #, etc. — 22
City & State — 23
Zip — 24 | Country — 25

2a. Mailing Address — 26
Suite, Apt. #, etc. — 27
City & State — 28
Zip — 29 | Country — 30

4. FEI Number: **54-1282616** ☐ Applied For ☐ Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	C	☐ DELETE	1.1 TITLE	Director of Quality Assurance	☐ Change ☒ Addition
NAME	KOSTENBAUDER, DANIEL		1.2 NAME	Barbara Florence	
STREET ADDRESS	3000 HANOVER ST, M/S 20 BF		1.3 STREET ADDRESS	333 N. Fairfax	
CITY-ST-ZIP	PALO ALTO CA 94303-0890		1.4 CITY-ST-ZIP	Alexandria, Va 22314	
TITLE	VC	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	CHOLMONDELEY, PAULA		2.2 NAME		
STREET ADDRESS	100 BLACKJACK RD		2.3 STREET ADDRESS		
CITY-ST-ZIP	MT VERNON OH 43050		2.4 CITY-ST-ZIP		
TITLE	D	☒ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	GILLESPIE, WILLIAM L		3.2 NAME		
STREET ADDRESS	700 N. FAIRFAX		3.3 STREET ADDRESS		
CITY-ST-ZIP	ALEXANDRIA VA 22314		3.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	LYNCH, SANDRA		4.2 NAME		
STREET ADDRESS	700 N. FAIRFAX		4.3 STREET ADDRESS		
CITY-ST-ZIP	ALEXANDRIA VA 22314		4.4 CITY-ST-ZIP		
TITLE	P	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	CORRIGAN, SUSAN		5.2 NAME		
STREET ADDRESS	700 N. FAIRFAX		5.3 STREET ADDRESS		
CITY-ST-ZIP	ALEXANDRIA VA 22314		5.4 CITY-ST-ZIP		
TITLE	Director of finance	☐ DELETE addition	6.1 TITLE	Director of finance	☐ Change ☒ Addition
NAME	Dennis Shine		6.2 NAME	Dennis Shine	
STREET ADDRESS	333 N. Fairfax		6.3 STREET ADDRESS	333 N. Fairfax St	
CITY-ST-ZIP	Alexandria, VA 22314		6.4 CITY-ST-ZIP	Alexandria, VA 22314	

CR2E037 (9/96)

14. I do 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: [signature] 6/29/97 7038362121