

FILE NOW: FILING FEE IS \$61.25

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May 18 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F95000002815 (7)**

1. Corporation Name

GIFTS IN KIND AMERICA, INC.



Principal Place of Business 333 N. FAIRFAX ST. ALEXANDRIA VA 22314	Mailing Address 333 N. FAIRFAX ST. ALEXANDRIA VA 22314
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3. Date Incorporated or Qualified 05/31/1995	
4. FEI Number 54-1282616	Applied For <input type="checkbox"/> Not Applicable

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
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5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 NAYS STREET TALLAHASSEE FL 32301-2525
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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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	C <input checked="" type="checkbox"/> DELETE	1.1 TITLE	T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KOSTENBAUDER, DANIEL	1.2 NAME	Robert J. Symon
STREET ADDRESS	3000 HANOVER ST, M/S 20 BF	1.3 STREET ADDRESS	16803 Dallas Parkway
CITY-ST-ZIP	PALO ALTO CA 94303-0890	1.4 CITY-ST-ZIP	Dallas, TX 75248
TITLE	VC <input type="checkbox"/> DELETE	2.1 TITLE	CHAIRMAN <input checked="" type="checkbox"/> Change <input type="checkbox"/> 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 <input checked="" type="checkbox"/> DELETE	3.1 TITLE	S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FLORENCE, BARBARA	3.2 NAME	Mark A. Weinberger, Esq.
STREET ADDRESS	333 N FOURFAX	3.3 STREET ADDRESS	1150 17th Street, N.W., #601
CITY-ST-ZIP	ALEXANDRIA VA	3.4 CITY-ST-ZIP	Washington, DC 20036
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LYNCH, SANDRA	4.2 NAME	Barry R. Anderson
STREET ADDRESS	700 N. FAIRFAX	4.3 STREET ADDRESS	6450 Via Real
CITY-ST-ZIP	ALEXANDRIA VA 22314	4.4 CITY-ST-ZIP	Carpinteria, CA 93013
TITLE	P <input type="checkbox"/> DELETE	5.1 TITLE	
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	D <input checked="" type="checkbox"/> DELETE	6.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SHINE, DENNIS	6.2 NAME	Suzanne Apple
STREET ADDRESS	333 N FOURFAX ST	6.3 STREET ADDRESS	2455 Paces Ferry Road, N.W.
CITY-ST-ZIP	ALEXANDRIA VA	6.4 CITY-ST-ZIP	Atlanta, GA 30339

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Susan Corrigan 4/30/98
703 826-2121
Daytime Phone # 0077438

CR2E037 (10/97)