

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Apr 21, 2004
Secretary of State**

DOCUMENT# F95000002815

Entity Name: GIFTS IN KIND AMERICA, INC.

Current Principal Place of Business:

333 N. FAIRFAX ST.
ALEXANDRIA, VA 22314

New Principal Place of Business:

Current Mailing Address:

333 N. FAIRFAX ST.
ALEXANDRIA, VA 22314

New Mailing Address:

FEI Number: 54-1282616 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
526 E. PARK AVENUE
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: AT () Delete
Name: LAWRENCE, MARY ANN
Address: 333 N. FAIRFAX ST
City-St-Zip: ALEXANDRIA, VA 22314

Title: D () Delete
Name: RODEK, JEFFREY R
Address: 1344 CROSSMAN AVENUE
City-St-Zip: SUNNYVALE, CA 94089

Title: S () Delete
Name: WEINBERGER, ESQ. M
Address: 1150 17TH ST NW #601
City-St-Zip: WASHINGTON, DC 20036

Title: D () Delete
Name: ABURIDA, WAEL H
Address: 2200 MISSON COLLEGE BLVD.
City-St-Zip: SANTA CLARA, CA 95052

Title: P () Delete
Name: CORRIGAN, SUSAN
Address: 700 N. FAIRFAX
City-St-Zip: ALEXANDRIA, VA 22314

Title: D () Delete
Name: AYLWARD, RAYNA
Address: 1560 WILSON BLVD.
City-St-Zip: ARLINGTON, VA 22209

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Title: () Change () Addition
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City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARY ANN LAWRENCE

AT

04/21/2004

Electronic Signature of Signing Officer or Director

Date