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Jan 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 # **F95000004932 (8)**

1. Corporation Name

RECORDING FOR THE BLIND AND DYSLEXIC, INCORPORATED

Principal Place of Business	Mailing Address
20 ROSZEL RD PRINCETON NJ 08540	20 ROSZEL RD PRINCETON NJ 08540-6206

3. Date Incorporated or Qualified: **10/09/1995**
3a. Date of Last Report: **03/19/1996**

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / 29
Country — 25 / 30

4. FEI Number: **13-1659345** ☐ 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

MCCARTHY, CHRISTINE S
6704 SW 80TH ST
MIAMI FL 33143

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	CP	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	GEISEL, RITCHIE L		1.2 NAME	
STREET ADDRESS	20 ROSZEL RD		1.3 STREET ADDRESS	
CITY-ST-ZIP	PRINCETON NJ 08540		1.4 CITY-ST-ZIP	
TITLE	V	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	RODGERS, JAMES C		2.2 NAME	
STREET ADDRESS	20 ROSZEL RD		2.3 STREET ADDRESS	
CITY-ST-ZIP	PRINCETON NJ 08540		2.4 CITY-ST-ZIP	
TITLE	V	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	CHURCHILL, JOHN		3.2 NAME	
STREET ADDRESS	20 ROSZEL RD		3.3 STREET ADDRESS	
CITY-ST-ZIP	PRINCETON NJ 08540		3.4 CITY-ST-ZIP	
TITLE	CD	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	MCGEE, MARY L		4.2 NAME	
STREET ADDRESS	5305 PORTSMOUTH RD		4.3 STREET ADDRESS	
CITY-ST-ZIP	BETHESDA MD 20816		4.4 CITY-ST-ZIP	
TITLE	ACD	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	SCRIBNER, RICHARD O		5.2 NAME	
STREET ADDRESS	SEVEN WORLD TRADE CENTER		5.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY 10048		5.4 CITY-ST-ZIP	
TITLE	T	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	NAUGHTON, PAUL F		6.2 NAME	
STREET ADDRESS	900 10TH ST NW SUITE 600		6.3 STREET ADDRESS	
CITY-ST-ZIP	WASHINGTON DC 20006		6.4 CITY-ST-ZIP	

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] REQUIRED 1/14/97 609 452-0606
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0076719