

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jul 26, 1999 8:00 am
Secretary of State

07-26-1999 90014 021 ****61.25

DOCUMENT # F95000004932

1. Corporation Name

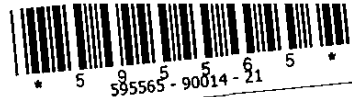
RECORDING FOR THE BLIND AND DYSLEXIC, INCORPORATED

Principal Place of Business

20 ROSZEL RD
PRINCETON NJ 08540

Mailing Address

20 ROSZEL RD
PRINCETON NJ 08540



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

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30

3. Date Incorporated or Qualified

10/09/1995

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

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	CP	☐ DELETE
NAME	GEISEL, RITCHIE L	
STREET ADDRESS	20 ROSZEL RD	
CITY-ST-ZIP	PRINCETON NJ 08540	
TITLE	V	☐ DELETE
NAME	BRAMBLE, VERNON A	
STREET ADDRESS	20 ROSZEL RD	
CITY-ST-ZIP	PRINCETON NJ 08540	
TITLE	V	☐ DELETE
NAME	CHURCHILL, JOHN	
STREET ADDRESS	20 ROSZEL RD	
CITY-ST-ZIP	PRINCETON NJ 08540	
TITLE	CD	☐ DELETE
NAME	MANING, DONNA	
STREET ADDRESS	115 E 67TH STREET - APT 6C	
CITY-ST-ZIP	NEW YORK NY 10021	
TITLE	D	☐ DELETE
NAME	WASSERMAN, BERT	
STREET ADDRESS	126 EAST 56TH STREET - SUITE 12 NORTH	
CITY-ST-ZIP	NEW YORK NY 10022-3613	
TITLE	T	☐ DELETE
NAME	HUGHES, CHIP	
STREET ADDRESS	BLUE CAPITAL, 5 LYONS MALL, SUITE 700	
CITY-ST-ZIP	BASKING RIDGE NJ 07920	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	CP	☐ Change ☐ Addition
1.2 NAME	Scribner, Richard O.	
1.3 STREET ADDRESS	20 Roszel Road	
1.4 CITY-ST-ZIP	Princeton, NJ. 08540	
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/7/99

Date

609-520-8010

Daytime Phone #

CR2E037 (5/99)