2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2009
Secretary of State

DOCUMENT# F95000004932

Entity Name: RECORDING FOR THE BLIND AND DYSLEXIC, INCORPORATED

Current Principal Place of Business:

20 ROSZEL RD
PRINCETON, NJ 08540

New Principal Place of Business:

Current Mailing Address:

20 ROSZEL RD
PRINCETON, NJ 08540

New Mailing Address:

FEI Number: 13-1659345 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

ACOSTA, LILY
6704 SW 80TH ST
MIAMI, FL 33143 US

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: LILY ACOSTA 04/24/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: KELLY, JOHN
Address: 20 ROSZEL RD
City-St-Zip: PRINCETON, NJ 08540

Title: V (X) Delete
Name: CHURCHILL, JOHN
Address: 20 ROSZEL RD
City-St-Zip: PRINCETON, NJ 08540

Title: TD ( ) Delete
Name: GOLUBIESKI, JAMES
Address: 120 ALBANY STREET
City-St-Zip: NEW BRUNSWICK, NJ 08901

Title: SD ( ) Delete
Name: BRITTAIN, DEBORAH C
Address: 58 BEECH HOLLOW LANE
City-St-Zip: PRINCETON, NJ 08540

Title: CD ( ) Delete
Name: COX, RICHARD V
Address: 180 PARK AVE., BLDG 103 RM D151
City-St-Zip: FLORHAM PARK, NJ 07932

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
Name:
Address:
City-St-Zip:

Title: CD (X) Change ( ) Addition
Name: HOFER, ANDREW
Address: 140 BROADWAY
City-St-Zip: NEW YORK, NY 10005

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: JOHN KELLY P 04/24/2009
Electronic Signature of Signing Officer or Director Date