

FILE NOW: FILING FEE IS \$61.25

FILED
Jul 30 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 # F97000003840 (2)
 1. Corporation Name
UNITED CEREBRAL PALSY ASSOCIATIONS, INC.



Principal Place of Business 1680 L STREET, NW, STE. 700 WASHINGTON DC 20036	Mailing Address 1680 L STREET, NW, STE. 700 WASHINGTON DC 20036
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3. Date Incorporated or Qualified 07/22/1997	
4. FEI Number 13-1641079	Applied For <input type="checkbox"/> Not Applicable

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29	Country 25	Country 30
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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 checked="" 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 checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION FL 33324**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	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		<input type="checkbox"/> DELETE
TITLE	CD	
NAME	GOLDENSON, LEONARD H	
STREET ADDRESS	1680 L STREET, NW, STE. 700	
CITY-ST-ZIP	WASHINGTON DC 20036	
TITLE	CD	
NAME	HAUSMAN, JACK	
STREET ADDRESS	1680 L STREET, NW, STE. 700	
CITY-ST-ZIP	WASHINGTON DC 20036	
TITLE	C	
NAME	STEARNS, JAMES C	
STREET ADDRESS	1680 L STREET, NW, STE. 700	
CITY-ST-ZIP	WASHINGTON DC 20036	
TITLE	PD	
NAME	SIMONSON, MICHAEL H ESQ.	
STREET ADDRESS	1680 L STREET, NW, STE. 700	
CITY-ST-ZIP	WASHINGTON DC 20036	
TITLE	V	
NAME	MOSES, CHARLES H III,ESQ	
STREET ADDRESS	1680 L STREET, NW, STE. 700	
CITY-ST-ZIP	WASHINGTON DC 20036	
TITLE	VD	
NAME	WYETH, DUNCAN O	
STREET ADDRESS	1680 L STREET, NW, STE. 700	
CITY-ST-ZIP	WASHINGTON DC 20036	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
1.1 TITLE			
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY-ST-ZIP			
2.1 TITLE			
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE			
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE			
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE			
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE			
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.

SIGNATURE **ROBERT LO**  **7/17/98** **202-776-0406**

CR2E037 (10/97)