

FILE NOW: FILING FEE IS \$61.25

FILED

Jan 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 # N42589 (4)
1. Corporation Name
SADD - STUDENTS AGAINST DRIVING DRUNK, INC.

Principal Place of Business 255 MAIN STREET MARLBORO MA 01752	Mailing Address P.O. BOX 800 MARLBORO MA 01752-1102
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 03/20/1991	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 04-2764514	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24	Country	29	Country	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

10. Name and Address of New Registered Agent

**MAINWOOD, ART
ROOM 414, FLORIDA EDUCATION CENTER
FLORIDA DEPARTMENT OF EDUCATION
TALLAHASSEE FL 32399-0444**

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	C <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WALLACE, STEPHEN G	1.2 NAME	P.O. BOX 1380
STREET ADDRESS	1 ASHBYRTON PLACE	1.3 STREET ADDRESS	MAIN ST.
CITY-ST-ZIP	BOSTON MA	1.4 CITY-ST-ZIP	BREWSTER, MA 02631
TITLE	D <input checked="" type="checkbox"/> DELETE	2.1 TITLE	S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SANDLER, RICK	2.2 NAME	LARSON, GLORIA C
STREET ADDRESS	419 BOYLSTON STREET	2.3 STREET ADDRESS	30 MAIN ST.
CITY-ST-ZIP	BOSTON MA	2.4 CITY-ST-ZIP	YARMOUTHPORT, MA
TITLE	P <input type="checkbox"/> DELETE	3.1 TITLE	98 Riverwood Drive <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CULLINANE, WILLIAM	3.2 NAME	3 DORR LANE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	6 OVERLOOK DR.	3.3 STREET ADDRESS	CLARKMAN MA 02633
CITY-ST-ZIP	FRAMINGHAM MA	3.4 CITY-ST-ZIP	HARVARD, MA 02645
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	
NAME	SHARON SIKORA	4.2 NAME	
STREET ADDRESS	5691 WEST ABAHAM LN	4.3 STREET ADDRESS	
CITY-ST-ZIP	GLENDAL AZ	4.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CLAUDE TWO ELK	5.2 NAME	Michael Camile
STREET ADDRESS	P. O. BO 257 N/A	5.3 STREET ADDRESS	924 West Cornell Dr.
CITY-ST-ZIP	ROSEBUD SD	5.4 CITY-ST-ZIP	Tempe, AZ
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	Gimbel, Michael
STREET ADDRESS		6.3 STREET ADDRESS	9 Greenridge Rd.
CITY-ST-ZIP		6.4 CITY-ST-ZIP	Lutherville, MD

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: _____

CR2E037 (10/97)