2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2002 8:00 am
Secretary of State
04-18-2002 90466 043 ****70.00

DOCUMENT # N42589

1. Entity Name

SADD - STUDENTS AGAINST DRIVING DRUNK, INC.

Principal Place of Business	Mailing Address
255 MAIN STREET MARLBORO MA 01752	P.O. BOX 800 MARLBORO MA 01752-1102

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 04-2764514 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MAINWOOD, ART ROOM 414, FLORIDA EDUCATION CENTER FLORIDA DEPARTMENT OF EDUCATION TALLAHASSEE FL 32399-0444	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

8. 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 Penelope Wells 2/25/02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25 | 9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees | **Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P WELLS, PENELOPE 225 MAIN ST. MARLBOROUGH MA 01752	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ELIZABETH MC CARTHY 91 SHERMAN ST #3 CAMBRIDGE MA 02140	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SANDLER, RICK 419 BOYLSTON STREET BOSTON MA	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GAIL MILGRAM 607 ALLISON RD. PISCATAWAY NJ 08854	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SHARON SIKORA 5691 WEST ABAHAM LN GLENDALE AZ	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Stephen WALLACE One Financial Center Boston, MA 02111	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ALVIANO, JOSEPH 75 NORTH DRIVE WESTSORO MA 01581	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GIMBEL, MICHAEL 9 GREENRIDGE RD LUTHERVILLE MD	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S GLORIA LARSON One Post-Office Sq. BOSTON, MA 02109	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (9/01)

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Penelope Wells ELECTRONICALLY SIGNED 2/20/02 808/481-3568
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #