09031999-90002-019-$61.25-$61.25

AMOUNT DUE ON OR BEFORE 05/1/99: $61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $500.25).

FILED
Sep 03, 1999 8:00 am
Secretary of State
09-03-1999 90002 019 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT
1999

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

DOCUMENT # N98000000215

1. Corporation Name
IMPACT INDIA FOUNDATION, INC.

618354 - 90002 - 48

Principal Place of Business	Mailing Address
UNITED NATIONS DEVELOPMENT PROGRAM RAVINDRA MANSION, DINSHAW VACHHA RD. MUMBAI, INDIA 400 020	UNITED NATIONS DEVELOPMENT PROGRAM RAVINDRA MANSION, DINSHAW VACHHA RD. MUMBAI, INDIA 400 020

2. Principal Place of Business 21	2a. Mailing Address 26 C/O FAZIO INTERNATIONAL	3. Date Incorporated or Qualified 01/14/1998
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27 433 PLAZA REAL #275	4. FEI Number ☐ Applied For ☒ Not Applicable
City & State 23	City & State 28 BOCA RATON FL	5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
Zip 24 Country 25	Zip 29 33432 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

FAZIO, CAROLYN R
2295 CORPORATE BLVD., NW, SUITE 230
BOCA RATON FL 33431

10. Name and Address of New Registered Agent

81 Name: CAROLYN R. FAZIO
82 Street Address (P.O. Box Number is Not Acceptable): FAZIO INTERNATIONAL LTD
83 433 PLAZA REAL, SUITE 275
84 City: BOCA RATON FL 85 Zip Code: 33432

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] 8-30-99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PRESIDENT	☐ DELETE	1.1 TITLE	PRESIDENT	☐ Change ☐ Addition
NAME	A. H. TOBACCOWALA		1.2 NAME	A.H. TOBACCOWALA	
STREET ADDRESS	RAVINDRA MANSION		1.3 STREET ADDRESS	RAVINDRA MANSION	
CITY-ST-ZIP	MUMBAI INDIA 400 020		1.4 CITY-ST-ZIP	MUMBAI INDIA 400020	
TITLE	DIRECTOR	☐ DELETE	2.1 TITLE	DIRECTOR	☐ Change ☒ Addition
NAME	CAROLYN R FAZIO		2.2 NAME	CAROLYN R FAZIO	
STREET ADDRESS	433 PLAZA REAL, #275		2.3 STREET ADDRESS	433 PLAZA REAL, SUITE 275	
CITY-ST-ZIP	BOCA RATON FL 33432		2.4 CITY-ST-ZIP	BOCA RATON FL 33432	
TITLE	DIRECTOR	☐ DELETE	3.1 TITLE	DIRECTOR	☐ Change ☒ Addition
NAME	ZELMA LAZARUS		3.2 NAME	ZELMA LAZARUS	
STREET ADDRESS	RAVINDRA MANSION		3.3 STREET ADDRESS	RAVINDRA MANSION	
CITY-ST-ZIP	MUMBAI INDIA 400 020		3.4 CITY-ST-ZIP	MUMBAI INDIA 400020	
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (5/99)

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 8-30-99 5614165870
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #