FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY -1 PM 1:00

DOCUMENT # P20120 (2)

1. Corporation Name
UNITED STATES ORGANIZATION FOR DISABLED ATHLETES , INC.

Principal Place of Business	Mailing Address
143 CALIFORNIA AVENUE UNIONDALE NY 11553	143 CALIFORNIA AVENUE UNIONDALE NY 11553

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/19/1988
3a. Date of Last Report: 02/01/1994
4. FEI Number: 11-2765283 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business (21): Suite, Apt. #, etc. (22): City & State (23): Zip (24): Country (25)

2a. Mailing Address (26): Suite, Apt. #, etc. (27): City & State (28): Zip (29): Country (30)

9. Name and Address of Current Registered Agent

ORR, AL
101 EAST RIVER COURT STREET
TAMPA BAY FL

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	PD ☒ Change ☐ Addition
NAME	HURLEY, JOHN	12 NAME	DAVID WILLIAMSON
STREET ADDRESS	P O BOX 301 ROGERS LANE	13 STREET ADDRESS	2813 SPINDLE LANE
CITY-ST-ZIP	REMENBURG NY	14 CITY-ST-ZIP	BOWIE, MD 20715
TITLE	D	21 TITLE	☐ Change ☐ Addition
NAME	STEPHENSON, DAVID	22 NAME	
STREET ADDRESS	1475 WEST GRAY STE 166	23 STREET ADDRESS	
CITY-ST-ZIP	HOUSTON TX	24 CITY-ST-ZIP	
TITLE	SD	31 TITLE	☐ Change ☐ Addition
NAME	MILLER, ORAL O.	32 NAME	
STREET ADDRESS	1155 15TH ST. NW STE 720	33 STREET ADDRESS	
CITY-ST-ZIP	WASHINGTON DC	34 CITY-ST-ZIP	
TITLE	TD	41 TITLE	TD ☒ Change ☐ Addition
NAME	KING, MICHAEL	42 NAME	BRIAN MORRIS
STREET ADDRESS	500 S ERVAY #452B	43 STREET ADDRESS	28677 NORTHWESTERN Hwy STE 200
CITY-ST-ZIP	DALLAS TX	44 CITY-ST-ZIP	SOUTHFIELD, MI 48034
TITLE	D	51 TITLE	D ☒ Change ☐ Addition
NAME	SAWISCH, LEN	52 NAME	Philip KREUTER
STREET ADDRESS	3725 W HOLMS RD	53 STREET ADDRESS	35 GROVE STREET
CITY-ST-ZIP	LANSING MI	54 CITY-ST-ZIP	SEA CLIFF, NY 11579
TITLE	VD	61 TITLE	☐ Change ☐ Addition
NAME	DE PACE, PAUL	62 NAME	REMITTED BY MAY 1
STREET ADDRESS	380 DIAMOND HILL RD	63 STREET ADDRESS	
CITY-ST-ZIP	WARWICK RI	64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: ARR Williamson PRESIDENT 5/22/95 800 238-2632
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0073403