SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTIMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINS ATE: \$236.25).

NONPROFIT CORPORATION **ANNUAL REPORT**

1998

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P20120

UNITED STATES ORGANIZATION FOR DISABLED ATHLETES

| , INC. | | | | | |
|---|-------------------------------|---|--------------------|--|-----------------------------|
| Principal Place of Business | | Mailing Address | | | [[8]] |
| 143 CALIFORNIA AVENUE | | 143 CALIFORNIA AVENUE | | 3. Date Incorporated or Qualified | |
| UNIONDALE NY 11553 | | UNIONDALE NY 11553 | | 07/19/1988 | |
| | | | | 4. FEI Number | Applied For |
| 2 Orington of C | New of Dueless | T.A. 18.00 | | 11-2765283 | Not Applicable |
| 21 863 | Place of Business O Fenton St | 28. Mailing Address 28. 8630 Frenton. | Chart | 5. Certificate of Status Desired | \$8.75 Additional |
| Suite, Apt. | | Suite, Apt. #, etc. | Siee i | C Floring Councils Standard | Fee Required |
| | ile 920 | 27 Svike 920 | | 6. Election Campaign Financing Trust Fund Contribution | \$5.00 May Be Added to Fees |
| City & Sta | | City & State | | 7. Is this nonprofit corporation a homeo | |
| | er Spring MD | 28 Silver Sprim | | Ye | |
| Zip 24 209 | Country | Zip | Country | 8. This corporation owes or has paid th | |
| 24 209 | | | no Montgomery | | Yes No |
| 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 11. Name and Address of New Registered Agent | | | | | |
| OPP 41 | | | | | |
| ORR, AL | RIVER COURT STREET | | 82 Street Add | ress (P.O. Box Number is Not Acceptable) | |
| TAMPA BAY FL | | | 83 | | |
| CAM A DATE | | | | | |
| | | | 84 City | | FL 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. | | | | | |
| agent. I am familiar with, and accept the obligations of, section 617.0503, Florida Statutes. | | | | | |
| SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE | | | | | |
| 12. | OFFICERS AND | *************************************** | 13. | ADDITIONS/CHANGES TO OFFICER | |
| TITLE | D | DELETE | 1.1 TITLE | | Change Addition |
| NAME | DE PACE, PAUL | _ | 1.2 NAME | | |
| STREET ADDRESS | 380 DIAMOND HILL RD | | 1.3 STREET ADDRESS | | |
| CITY-ST-ZIP | WARWICK RI | | 1.4 CITY-ST-ZIP | | |
| TITLE | D | DELETE | 2.1 TITLE | | Change Addition |
| NAME | STEPHENSON, DAVID | | 2.2 NAME | | <u></u> |
| STREET ADDRESS | 1475 WEST GRAY STE 166 | | 2.3 STREET ADDRESS | | |
| CITY-ST-ZIP | HOUSTON TX | | 2.4 CITY-ST-ZIP | | |
| TITLE | SD CONTROL | DELETE | 3.1 TITLE | | Change Addition |
| NAME STREET ADDRESS | MILLER, ORAL O. | | 3.2 NAME | | |
| STREET ADDRESS | 1155 15TH ST. NW STE 720 | | 3.3 STREET ADDRESS | | |
| CITY-ST-ZIP TITLE | WASHINGTON DC TD | □ 55: 575 | 3.4 CITY-ST-ZIP | | |
| NAME | MORRIS, BRIAN | DELETE | 4.2 NAME | | Change Addition |
| STREET ADDRESS | - | E 900 | 4.3 STREET ADDRESS | | |
| CITY-ST-ZIP | SOUTHFIELD MI | L 200 | 4.4 CITY-ST-ZIP | | |
| TITLE | VP | DELETE | 6.1 TITLE | | Change Addition |
| NAME | JONES, JEFFREY | | 5.2 NAME | | Cuanda C Woolgou |
| STREET ADDRESS | 345 SUPERIOR ST EAST | | 5.3 STREET ADDRESS | | |
| CITY-ST-ZIP | CHICAGO IL | | 5.4 CITY-ST-ZIP | | |
| TITLE | P | DELETE | 8.1 TITLE | | Change Addition |
| NAME | WILLIAMSON, DAVID | | 6.2 NAME | | |
| STREET ADDRESS | 2813 SPINDLE LANE | | 6.3 STREET ADDRESS | | |
| CITY-ST-ZIP | BOWE MD | | 6.4 CITY-ST-ZIP | | |

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(i), Fiorida 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, Fiorida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

FILED

Aug 13 1998 8:00am

Secretary of State