

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 27, 2007 8:00 am**  
**Secretary of State**

04-27-2007 90231 045 \*\*\*\*61.25

**DOCUMENT # P29609**

1. Entity Name  
PLAN INTERNATIONAL USA, INC.



Principal Place of Business  
155 PLAN WAY  
WARWICK, RI 02886

Mailing Address  
155 PLAN WAY  
WARWICK, RI 02886

**60043306**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

04112007 Chg-NP CR2E037 (12/06)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number  
13-5661832

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25**  
**Due by May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make check payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE P ☒ Delete  
NAME WORTHINGTON, SAMUEL A.  
STREET ADDRESS 155 PLAN WAY  
CITY-ST-ZIP WARWICK, RI 02886

TITLE CD ☐ Delete  
NAME COVEY, JANE G  
STREET ADDRESS 151 TREMONT ST #16R  
CITY-ST-ZIP BOSTON, MA 02111

TITLE VCD ☐ Delete  
NAME WHYCHE-SHAW, OREN E  
STREET ADDRESS 299 ASTON FOREST LN  
CITY-ST-ZIP CROWNSVILLE, MD 21032

TITLE SD ☐ Delete  
NAME KEVERIAN, DOROTA  
STREET ADDRESS 4 BENNINGTON RD  
CITY-ST-ZIP LEXINGTON, MA 02421

TITLE D ☒ Delete  
NAME LYMAN, PRINCETON  
STREET ADDRESS 8607 SPRINGDALE PL  
CITY-ST-ZIP CHEVY CHASE, MD 20815

TITLE TD ☒ Delete  
NAME WONG, CYNTHIA M  
STREET ADDRESS ONE BOSTON PL SUITE 1616  
CITY-ST-ZIP BOSTON, MA 02108

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE P ☐ Change ☒ Addition  
NAME ADODOADJI, AHUMA  
STREET ADDRESS 155 PLAN WAY  
CITY-ST-ZIP WARWICK RI 02886

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Change ☒ Addition  
NAME CUTLER, HOWARD  
STREET ADDRESS 22 AUBURN ST  
CITY-ST-ZIP CHARLESTOWN MA 02129

TITLE D ☐ Change ☒ Addition  
NAME ERIC CHATMAN  
STREET ADDRESS 5813 WATERBURY CIRCLE  
CITY-ST-ZIP DES MOINES IA 50312

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:**

*Ahuma Adoadji*

Ahuma Adoadji

04/25/07

401-738-5600

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #