

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P31246

FILED  
Apr 03, 2007  
Secretary of State

**Entity Name:** HELEN KELLER INTERNATIONAL, INCORPORATED

**Current Principal Place of Business:**

352 PARK AVE SOUTH  
1200  
NEW YORK, NY 10010

**New Principal Place of Business:**

**Current Mailing Address:**

352 PARK AVE SOUTH  
1200  
NEW YORK, NY 10010

**New Mailing Address:**

**FEI Number:** 13-5562162      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

NRAI SERVICES, INC.  
2731 EXECUTIVE PARK DRIVE, SUITE 4  
WESTON, FL 33331 US

**Name and Address of New Registered Agent:**

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: S/D ( ) Delete  
Name: PERKINS, L BRADFORD  
Address: 352 PARK AVE SOUTH #1200  
City-St-Zip: NEW YORK, NY 10010

Title: P ( ) Delete  
Name: SPAHN, KATHY  
Address: 352 PARK AVENUE SOUTH #1200  
City-St-Zip: NEW YORK, NY 10010

Title: V ( ) Delete  
Name: WALLER, JEFF  
Address: 352 PARK AVENUE SOUTH #1200  
City-St-Zip: NEW YORK, NY 10010

Title: V ( ) Delete  
Name: TAYLOR, ELSPETH  
Address: 352 PARK AVENUE SOUTH #1200  
City-St-Zip: NEW YORK, NY 10010

Title: C/D ( ) Delete  
Name: SISLER, DANIEL G  
Address: 411 WARREN HALL  
City-St-Zip: ITHACA, NY 14853

Title: T/D ( ) Delete  
Name: CITRON, JOHN  
Address: 36 JESSE ELDREDGE ROAD  
City-St-Zip: SOUTH HARWICH, MA 02661

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: SVP (X) Change ( ) Addition  
Name: QUINN, VICTORIA  
Address: 352 PARK AVENUE SOUTH #1200  
City-St-Zip: NEW YORK, NY 10010

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KATHY SPAHN

P

04/03/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date