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

APPROVED AND FILED

'95 MAY 22 PM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P39252** **(2)**

1. Corporation Name

SOS CHILDREN'S VILLAGES-USA, INC.

Principal Place of Business	Mailing Address
1010 PENDLETON STREET ALEXANDRIA VA 22314	1010 PENDLETON STREET ALEXANDRIA VA 22314

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **06/02/1992**
3a. Date of Last Report: **06/23/1994**
4. FEI Number: **13-6188433** ☐ Applied For ☐ Not Applicable
2. Principal Place of Business (21): 2a. Mailing Address (26):
Suite, Apt. #, etc (22): Suite, Apt. #, etc (27):
City & State (23): City & State (28):
Zip (24): Country (25): Zip (29): Country (30):
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

9. Name and Address of Current Registered Agent

BROWN, STACY DANIEL
110 SHEPHERD TRAIL
P. O. BOX 520632
LONGWOOD FL 32752-0632

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 _____ (signature, type or print name of registered agent and title, if applicable) (NOTE: Registered Agent signature required when mandated) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	☐ Change ☐ Addition
NAME	BREWER, LIS K.	12 NAME	
STREET ADDRESS	163 E. 81ST ST.	13 STREET ADDRESS	
CITY ST ZIP	NEW YORK NY 10028	14 CITY ST ZIP	
TITLE	D	21 TITLE	☐ Change ☐ Addition
NAME	BRIESS, ROGER	22 NAME	
STREET ADDRESS	250 W. 57TH ST.	23 STREET ADDRESS	
CITY ST ZIP	NEW YORK NY 10107	24 CITY ST ZIP	
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	BURIAN, FRIEDRICH	32 NAME	
STREET ADDRESS	50 SOUTH LASALLE ST.	33 STREET ADDRESS	
CITY ST ZIP	CHIGAGO IL 60675	34 CITY ST ZIP	
TITLE	D	41 TITLE	☐ Change ☐ Addition
NAME	DODGE JR., ARTHUR	42 NAME	
STREET ADDRESS	715 FOUNTAIN AVE	43 STREET ADDRESS	
CITY ST ZIP	LANCASTER PA 17601	44 CITY ST ZIP	
TITLE	D	51 TITLE	D ☑ Change ☐ Addition
NAME	HANDL, WERNER	52 NAME	Handl, Werner
STREET ADDRESS	SOS KINDERDORF INTER. HERMANN-GMEINER-ST51	53 STREET ADDRESS	SOS Kinderdorf Intl., Luigenstrasse 121
CITY ST ZIP	INNSBRUCK, A-6020 AUSTRIA	54 CITY ST ZIP	Innsbruck, A-6020, Austria
TITLE	D	61 TITLE	☐ Change ☐ Addition
NAME	HUGHES, DAVID W.	62 NAME	
STREET ADDRESS	SOS KINDERDORF INTER. - 1010 PENDLETON ST.	63 STREET ADDRESS	
CITY ST ZIP	ALEXANDRIA VA 22314	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: Kathleen Clinton — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 19, 1995 — Date

(703)683-9020 — Daytime Phone Number

0073648

FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

DOCUMENT # P39312 (4)

1. Corporation Name

CANNONDALE CORPORATION

Principal Place of Business:
9 BROOKSIDE PLACE
GEORGETOWN CT 06829

Mailing Address:
9 BROOKSIDE PLACE
GEORGETOWN CT 06829

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/18/1992
3a. Date of Last Report: 04/12/1994
4. FEI Number: 06-0871823 — 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
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes. [ ] Yes [ ] No

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

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

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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

12. OFFICERS AND DIRECTORS

Title	Name	Street Address	City-St-Zip
P	MONTGOMERY, JOSEPH S.	9 BROOKSIDE PLACE	GEORGETOWN CT
V	ALLOWAY, DAN	151 SHELTER ROCK RD.,#95	DANBURY CT
V	DEWALTOFF, HAL	9 BROOKSIDE PLACE	GEORGETOWN CT
V	RESCH, RICHARD	9 BROOKSIDE PLACE	GEROGETOWN CT

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

[ ] Change [X] Addition
Assistant Treasurer
John P. Moriarty
9 Brookside Place
Georgetown, CT 06829

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(1)(i), Florida Statutes. I further certify that the information indicated on the 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: John P. Moriarty
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

05/15/95 203-544-9800
Date / Daytime Phone

0394203 FP