

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 716983

1. Entity Name
THE CARLYLE ASSOCIATION, INC.



Principal Place of Business
THE CARLYLE ASSOCIATION, INC
2881 NE 33RD CT.
FT. LAUDERDALE, FL 33306 US

Mailing Address
THE CARLYLE ASSOCIATION, INC
2881 NE 33RD CT.
FT. LAUDERDALE, FL 33306 US

DO NOT WRITE IN THIS SPACE



07132008 No Chg-NP CR2E037 (4/06)

4. FEI Number
59-1303403 Applied For
Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

COLLODI, JOHN
2881 NE 33RD CT.
9-E
FORT LAUDERDALE, FL 33306

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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: John E. Colodi John E. Colodi 8/1/08
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 September 12, 2008

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D
NAME JACKSON, GREG
STREET ADDRESS 2881 NE 33RD CT., PH-B
CITY-ST-ZIP FORT LAUDERDALE, FL 33306

TITLE S
NAME FOSTER, STEPHEN
STREET ADDRESS 2881 NE 33RD CT. 8-D
CITY-ST-ZIP FORT LAUDERDALE, FL 33306

TITLE D
NAME IAROSI, FRANK
STREET ADDRESS 2881 NE 33RD CT 3-C
CITY-ST-ZIP FORT LAUDERDALE, FL 33306

TITLE P
NAME COLLODI, JOHN
STREET ADDRESS 2881 NE 33RD CT., 9-E
CITY-ST-ZIP FT LAUDERDALE, FL 33306

TITLE D
NAME GOODNOW, GEOFFREY
STREET ADDRESS 2881 NE 33RD CT., 6-B
CITY-ST-ZIP FORT LAUDERDALE, FL 33306

TITLE VP
NAME MARRONE, MARK
STREET ADDRESS 2881 NE 33RD CT., 4D
CITY-ST-ZIP FORT LAUDERDALE, FL 33306

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08/04/08-80009-017 61.25

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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: John E. Colodi John E. Colodi 8/1/08 954-564-3700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #