2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#716983

FILED Apr 27, 2009 Secretary of State

Entity Name: THE CARLYLE ASSOCIATION, INC.

Current Principal Place of Business:					New Principal Place of Business:			
THE CARLYLE ASSOCIATION, INC 2881 NE 33RD CT. FT. LAUDERDALE, FL 33306 US					THE CARLYLE ASSOCIATION, INC 2881 NE 33RD CT. FT. LAUDERDALE, FL 333062056 US			
Current Mailing Address:					New Mailing Address:			
THE CARLYLE ASSOCIATION, INC 2881 NE 33RD CT. FT. LAUDERDALE, FL 33306 US					THE CARLYLE ASSOCIATION, INC 2881 NE 33RD CT. FT. LAUDERDALE, FL 333062056 US			
FEI Number:	59-1303403	FEI Numb	er Applied For()	FEI Num	nber Not Appli	cable () C	Certificate of Status De	esired ()
Name and	Address of C	urrent Re	gistered Agent:		Name and	Address of Nev	w Registered Age	nt:
	3RD CT. IDERDALE, FL named entity s		S s statement for the pur	rpose of		BRD CT. DERDALE, FL :		ent, or both,
SIGNATUF	RE: DORIS MI	LLER					04/27/2009	
	Electron	ic Signatur	e of Registered Agen	t			Date	
OFFICERS AND DIRECTORS:					ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	D () JACKSON, GRE 2881 NE 33RD FORT LAUDERI	CT., PH-B	306		Title: Name: Address: City-St-Zip:	() Cl	hange () Addition	
Title: Name: Address: City-St-Zip:	S () FOSTER, STEP 2881 NE 33RD FORT LAUDERI	CT. 8-D	306		Title: Name: Address: City-St-Zip:	() Cl	hange () Addition	
Title: Name: Address: City-St-Zip:	D () IAROSSI, FRAN 2881 NE 33RD FORT LAUDERI	CT 3-C	306		Title: Name: Address: City-St-Zip:	() CI	hange () Addition	
Title: Name: Address: City-St-Zip:	P () COLLODI, JOHN 2881 NE 33RD FT LAUDERDAL	CT., 9-E	5		Title: Name: Address: City-St-Zip:	() CI	hange () Addition	
Title: Name: Address: City-St-Zip:	D () GOODNOW, GE 2881 NE 33RD FORT LAUDERI	CT., 6-B	306		Title: Name: Address: City-St-Zip:	T (X) C ROSE, MICHAEL 2881 NE 33RD CT FORT LAUDERDA		
Title: Name: Address: City-St-Zip:	VP () MARRONE, MAI 2881 NE 33RD FORT LAUDERI	CT., 4D	306		Title: Name: Address: City-St-Zip:	() CI	hange ()Addition	

I hereby certify that the information supplied with this filing does not qualify 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: JOHN COLLODI P 04/27/2009