# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Feb 06, 2008**
**Secretary of State**

DOCUMENT# F01000000320

**Entity Name:** CONSONA CRM, INC

**Current Principal Place of Business:**

450 E. 96TH STREET, #300
INDIANAPOLIS, IN 46240

**New Principal Place of Business:**

450 E. 96TH STREET, STE #300
INDIANAPOLIS, IN 46240

**Current Mailing Address:**

450 E. 96TH STREET, #300
INDIANAPOLIS, IN 46240

**New Mailing Address:**

450 E. 96TH STREET, STE #300
INDIANAPOLIS, IN 46240

**FEI Number: 91-1629814** **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 DR.
STE 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

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete
Name: TALBORS, DAVE
Address: 450 E. 96TH STREET, #300
City-St-Zip: INDIANAPOLIS, IN 46240

Title: D ( ) Delete
Name: AGRAWAL, NEERAJ
Address: 450 E. 96TH STREET, #300
City-St-Zip: INDIANAPOLIS, IN 46240

Title: D ( ) Delete
Name: BRAVO, ORLANDO
Address: 450 E. 96TH STREET, #300
City-St-Zip: INDIANAPOLIS, IN 46240

Title: P ( ) Delete
Name: TAGNONI, JEFF
Address: 450 E. 96TH STREET, #300
City-St-Zip: INDIANAPOLIS, IN 46240

Title: VP ( ) Delete
Name: KINDER, KATHY
Address: 450 E. 96TH STREET, #300
City-St-Zip: INDIANAPOLIS, IN 46240

Title: AS ( ) Delete
Name: MELTON, DON
Address: 450 E. 96TH STREET, #300
City-St-Zip: INDIANAPOLIS, IN 46240

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

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

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

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

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 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DON MELTON AS 02/06/2008

Electronic Signature of Signing Officer or Director — Date