


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2006 8:00 am
Secretary of State

04-17-2006 90391 037 ****70.00

DOCUMENT # F02000004685			
1. Entity Name CONSERVATION SERVICES GROUP, INCORPORATED			
Principal Place of Business 101 EAST KENNEDY BLVD., SUITE 1490 TAMPA, FL 33602		Mailing Address 40 WASHINGTON ST. WESTBOROUGH, MA 01581	
2. Principal Place of Business 101 East Kennedy Blvd.		3. Mailing Address	
Suite, Apt. #, etc. Suite 1160		Suite, Apt. #, etc.	
City & State Tampa FL		City & State	
Zip 33602	Country	Zip	Country
6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>		DATE _____ <small>(NOTE: Registered Agent signature required when reinstating)</small>	
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO COWELL, STEPHEN L 40 WASHINGTON STREET WESTBOROUGH, MA 01581 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIR KNIGHT CHARLES COMMONWEALTH INSTITUTE 186 HAMPSHIRE ST CAMBRIDGE MA 02139 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	COO KING, ROBERT M 40 WASHINGTON STREET WESTBOROUGH, MA 01581 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIR GAG, STEVEN ONE CITY HALL, RM 608 BOSTON MA 02201-1020 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PARKER, ADAM L 40 WASHINGTON STREET WESTBOROUGH, MA 01581 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIR GENTLEMAN, MARY BETH World Trade Center West 155 Seaport Blvd Boston MA 02210 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DYEN, MARK 40 WASHINGTON STREET WESTBOROUGH, MA 01581 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVP MARY EDDY STEWART 40 WASHINGTON ST. WESTBOROUGH MA 01581 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO REINDORF, WANDA 40 WASHINGTON STREET WESTBOROUGH, MA 01581 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PAUL BERKOWITZ 40 WASHINGTON ST WESTBOROUGH MA 01581 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIR STEELE, BRADLEY 40 WASHINGTON STREET WESTBOROUGH, MA 01581 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIR BRIAN CASTELLI ALLIANCE TO SAVE ENERGY 1200 18th St NW Ste 900 WASHINGTON DC 20036 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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: <u>Wanda Rein</u>		Date <u>4/12/2006</u> Daytime Phone # <u>508-836-9500</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR			