

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000006226

FILED  
Jan 09, 2007  
Secretary of State

Entity Name: COMPASSION & CHOICES (INCORPORATED)

**Current Principal Place of Business:**

4100 E. MISSISSIPPI, SUITE 700  
GLENDALE, CO 802463048

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 101810  
DENVER, CO 802501810

**New Mailing Address:**

FEI Number: 84-1328829      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

KLAMM, DONNA M  
9005-H SCARSDALE COURT  
W. MELBOURNE, FL 329042012 US

**Name and Address of New Registered Agent:**

GROVE, MARY  
2227 NOTTINGHAM RD  
LAKELAND, FL 338033523 US

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: MARY GROVE

01/09/2007

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: B ( ) Delete  
Name: SPIERS, PAUL  
Address: 14 STRAWBERRY HILL LANE  
City-St-Zip: DANVERS, MA 019231133

Title: C ( ) Delete  
Name: BRODY, ROBERT V  
Address: 431 BELVEDERE  
City-St-Zip: SAN FRANCISCO, CA 94117

Title: B ( ) Delete  
Name: ROBINSON, KIRK  
Address: 2843 PROSCH AVE W  
City-St-Zip: SEATTLE, WA 98119

Title: CFO ( ) Delete  
Name: CAMPBELL, MARCIA A  
Address: 1535 E NICHOLS DR  
City-St-Zip: CENTENNIAL, CO 80122

Title: CEO ( ) Delete  
Name: TEMPLE, MARSHA A  
Address: 4100 E MISSISSIPPI  
City-St-Zip: GLENDALE, CO 80246

Title: B ( ) Delete  
Name: LOKER, CHRIS  
Address: 9 ASPENWALL COURT  
City-St-Zip: ORINDA, CA 94563

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

Title: C (X) Change ( ) Addition  
Name: SPIERS, PAUL  
Address: 14 STRAWBERRY HILL LANE  
City-St-Zip: DANVERS, MA 019231133

Title: B (X) Change ( ) Addition  
Name: NELSON, MATTHEW A  
Address: 250 PARK AVE #708  
City-St-Zip: MINNEAPOLIS, MN 55415

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: CEO (X) Change ( ) Addition  
Name: LEE, BARBARA C  
Address: 6312 SW CAPICOL HWY  
City-St-Zip: PORTLAND, OR 97239

I hereby certify that the information supplied with this filing does not qualify for the 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: MARCIA A CAMPBELL

CFO

01/09/2007

Electronic Signature of Signing Officer or Director

Date