

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000006226

FILED
Jan 26, 2009
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:

GROVE, MARY
2227 NOTTINGHAM RD
LAKELAND, FL 338033523 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

OFFICERS AND DIRECTORS:

Title: C () Delete
Name: WILLIAMS, VAN
Address: 101 BROADMEAD ST
City-St-Zip: PRINCETON, NJ 08540

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

Title: B () Delete
Name: NIMMO, ROBERT
Address: 138 S W KINGSTON AVE
City-St-Zip: PORTLAND, OR 97205

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

Title: B () Delete
Name: GIBBS, DEBBI
Address: 99 READE ST PHW
City-St-Zip: NEW YORK, NY 10013

Title: CEO () Delete
Name: LEE, BARBARA C
Address: 6312 SW CAPITOL HWY
City-St-Zip: PORTLAND, OR 97239

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
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Address:
City-St-Zip:

Title: () Change () Addition
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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 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

Electronic Signature of Signing Officer or Director

CFO

01/26/2009

Date