

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 27, 2006 08:00 AM
Secretary of State

DOCUMENT # F04000003643

Entity Name
THE CBORD GROUP, INC.



Principal Place of Business
**2711 CENTERVILLE ROAD, SUITE 400
 WILMINGTON, DE 19808**

Mailing Address
**61 BROWN RD
 ITHACA, NY 14850**

DO NOT WRITE IN THIS SPACE



01102006 No Chg-P CR2E034 (11/05)

4. FEI Number 20-1231681	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
 1201 HAYS STREET
 TALLAHASSEE, FL 32301-2525**

**DO NOT WRITE
 IN THIS SPACE**

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 _____

Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

DATE

03/10/06-80005-020 150.00

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

03/10/06-80005-020 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD TIGHE, TIMOTHY A 61 BROWN ROAD ITHACA, NY 14850
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO TIGHE, TIMOTHY A 61 BROWN ROAD ITHACA, NY 14850
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD LANE, BRUCE R 61 BROWN ROAD ITHACA, NY 14850
TITLE NAME STREET ADDRESS CITY-ST-ZIP	COO LANE, BRUCE R 61 BROWN ROAD ITHACA, NY 14850
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD ALEXANDER, JOHN E 61 BROWN ROAD ITHACA, NY 14850
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
 IN THIS SPACE**

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 607, Florida Statutes, and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all names like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #