


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 28, 2008 8:00 am
Secretary of State


02-28-2008 90015 050 ***150.00

DOCUMENT # F06000005226
 1. Entity Name
KELLEY BLUE BOOK CO., INC.



Principal Place of Business Mailing Address
195 TECHNOLOGY DR **195 TECHNOLOGY DR**
IRVINE, CA 92618 **IRVINE, CA 92618**

2. Principal Place of Business - No P.O. Box # 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State
 Zip Country Zip Country



02112008 Chg-P CR2E034 (12/06)
 4. FEI Number Applied For
33-0873400 Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
CT CORPORATION SYSTEM
1200 S PINE ISLAND RD
PLANTATION, FL 33324

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	PS	<input checked="" type="checkbox"/> Delete		TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	JOHNSON, PAUL A			NAME	PAUL C. JOHNSON		
STREET ADDRESS	195 TECHNOLOGY DR			STREET ADDRESS	195 TECHNOLOGY DR		
CITY-ST-ZIP	IRVINE, CA 92618			CITY-ST-ZIP	IRVINE, CA 92618		
TITLE	VCEO	<input type="checkbox"/> Delete		TITLE	DIRECTOR	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	JOHNSON, ALAN			NAME	SYDNEY JONES		
STREET ADDRESS	195 TECHNOLOGY DR			STREET ADDRESS	195 TECHNOLOGY DR		
CITY-ST-ZIP	IRVINE, CA 92618			CITY-ST-ZIP	IRVINE, CA 92618		
TITLE	TCFO	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MORRISON, JOHN W JR			NAME			
STREET ADDRESS	195 TECHNOLOGY DR			STREET ADDRESS			
CITY-ST-ZIP	IRVINE, CA 92618			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

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 other like empowered.

SIGNATURE: *John W. Morrison Jr* **JOHN W. MORRISON, JR** Date **02/15/2008** Daytime Phone # **(949) 770-7704**