

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F99000000869

FILED  
Feb 28, 2006  
Secretary of State

Entity Name: POLICY STUDIES INC.

**Current Principal Place of Business:**

1899 WYNKOOP STREET  
300  
DENVER, CO 80202

**New Principal Place of Business:**

**Current Mailing Address:**

1899 WYNKOOP STREET  
300  
DENVER, CO 80202

**New Mailing Address:**

FEI Number: 84-0938521      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

NRAI SERVICES, INC.  
2731 EXECUTIVE PARK DRIVE  
SUITE 4  
WESTON, FL 33331 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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: WILLIAMS, ROBERT G  
Address: 1899 WYNKOOP STREET, SUITE 300  
City-St-Zip: DENVER, CO 80202

Title: VTD ( ) Delete  
Name: LEVY, MARK A  
Address: 1899 WYNKOOP STREET, SUITE 300  
City-St-Zip: DENVER, CO 80202

Title: V ( ) Delete  
Name: PRICE, DAVID A  
Address: 1899 WYNKOOP STREET, SUITE 300  
City-St-Zip: DENVER, CO 80202

Title: V ( ) Delete  
Name: WILLIAMS, VICTORIA S  
Address: 1899 WYNKOOP STREET, SUITE 300  
City-St-Zip: DENVER, CO 80202

Title: V ( ) Delete  
Name: WALZ, JOHN F  
Address: 22 SUMMER STREET  
City-St-Zip: MONTPELIER, VT 05602

Title: V ( ) Delete  
Name: STARLING ROSS, NANCY  
Address: 1899 WYNKOOP STREET, SUITE 300  
City-St-Zip: DENVER, CO 80202

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

Title: C (X) Change ( ) Addition  
Name: WILLIAMS, ROBERT G  
Address: 1899 WYNKOOP STREET, SUITE 300  
City-St-Zip: DENVER, CO 80202

Title: PDS (X) Change ( ) Addition  
Name: LEVY, MARK A  
Address: 1899 WYNKOOP STREET, SUITE 300  
City-St-Zip: DENVER, CO 80202

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  
Name:  
Address:  
City-St-Zip:

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BRIAN BRAUN

CFO

02/28/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date