

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F99000003424

FILED  
Jan 12, 2005  
Secretary of State

Entity Name: CMP, INC.

**Current Principal Place of Business:**

901 LAMBERTON NE  
ALBUQUERQUE, NM 87107 US

**New Principal Place of Business:**

**Current Mailing Address:**

901 LAMBERTON NE  
ALBUQUERQUE, NM 87107 US

**New Mailing Address:**

FEI Number: 85-0449440      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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: D ( ) Delete  
Name: USIAK, WAYNE  
Address: 1118 LOMA LARGO RD  
City-St-Zip: CORRALES, NM 87048

Title: V ( ) Delete  
Name: CAMPBELL, SEAN  
Address: 4945 ROSEMARY DR.  
City-St-Zip: ALBUQUERQUE, NM

Title: S ( ) Delete  
Name: GLADYSZ, PAUL  
Address: 8209 EAGLEROCK AVE., NE  
City-St-Zip: ALBUQUERQUE, NM

Title: P ( ) Delete  
Name: CLAYSON, RICHARD N  
Address: 7123 MARSEILLE PL NE  
City-St-Zip: ALBUQUERQUE, NM 87122

**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  
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 Section 119.07(3)(i), 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: SEAN CAMPBELL

VP

01/12/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date