

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F99000003424

FILED
Jan 14, 2009
Secretary of State

Entity Name: CMP, INC.

Current Principal Place of Business:

901 LAMBERTON PL NE
ALBUQUERQUE, NM 87107 US

New Principal Place of Business:

Current Mailing Address:

901 LAMBERTON PL NE
ALBUQUERQUE, NM 87107 US

New Mailing Address:

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

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 LARGA RD
City-St-Zip: CORRALES, NM 87048

Title: VP () 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: TIMMONS, RICHARD L
Address: 595 SOLANO DR
City-St-Zip: BOSQUE FARMS, NM 87068

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 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: SEAN CAMPBELL

VP

01/14/2009

Electronic Signature of Signing Officer or Director

_____ Date