## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P05071

FILED Jan 09, 2006 Secretary of State

Entity Nar	ne: COVERD	DELL & COMPANY, INC.				
Current Principal Place of Business:			New Prin	New Principal Place of Business:		
SUITE 276	CHTREE STR GA 3030924					
Current M	ailing Addres	ss:	New Mail	New Mailing Address:		
SUITE 276	CHTREE STR GA 3030924					
FEI Number:	: 58-1604660	FEI Number Applied For ( )	FEI Number Not App	plicable ( )	Certificate of Status Desired ( )	
Name and	Address of C	Current Registered Agent:	Name and	Name and Address of New Registered Agent:		
1201 HAYS SUITE 105	SSTREET	ERVICE COMPANY 01 US				
	named entity e of Florida.	submits this statement for the	purpose of changing	its register	ed office or registered agent, or both,	
SIGNATUR	RE:					
	Electron	nic Signature of Registered A	gent		Date	
Election Car	npaign Financin	g Trust Fund Contribution ( ).				
OFFICERS AND DIRECTORS:			ADDITIO	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	P ( OWENS, MICH 514 GRANVILL ATLANTA, GA	E COURT	Title: Name: Address: City-St-Zip:		( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	S ( DUFFY, JAME: 8 RUNNING BF NEW CANAAN,	OOK LN	Title: Name: Address: City-St-Zip:		( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	C ( JOHNSON, GA 105 CEDAR RI SOUTHPOINT,	D.	Title: Name: Address: City-St-Zip:		( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	S ( DALY, JESSIC 142 REDDING ATLANTA, GA	FON PL	Title: Name: Address: City-St-Zip:		( ) Change ( ) Addition	
Title:	D (	) Delete	Title:	D	(X) Change ( ) Addition	

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.

Name:

Address:

City-St-Zip:

VERTRUE, INC.,

9 WEST BROAD STREET SANFORD, CT 06902

SIGNATURE: MICHAEL OWENS Ρ 01/09/2006

MEMBERWORKS, INC.,

SANFORD, CT 06902

9 WEST BROAD STREET

Name:

Address:

City-St-Zip: