2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05071

FILED Jan 05, 2007 Secretary of State

DOCON	IENI# PUC	1 107		Secretary of State		
Entity Nar	me: COVERD	DELL & COMPANY, INC.				
Current Principal Place of Business:			New Princ	New Principal Place of Business:		
SUITE 276	CHTREE STR GA 3030924					
Current Mailing Address:			New Maili	New Mailing Address:		
SUITE 276	CHTREE STR GA 3030924					
FEI Number: 58-1604660 FEI Number Applied For ()		FEI Number Not App	FEI Number Not Applicable () 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 i	ts registered	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:			ADDITION	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:	OWENS, MIC	TREE ST NW, SUITE 276	
Title: Name: Address: City-St-Zip:	S (DUFFY, JAMES 8 RUNNING BF NEW CANAAN,	OOK LN	Title: Name: Address: City-St-Zip:	S (THOMAS, GE 20 GLOVER / NORWALK, C	AVE	
Title: Name: Address: City-St-Zip:	C (JOHNSON, GA 105 CEDAR RI SOUTHPOINT,	D.	Title: Name: Address: City-St-Zip:	DIBENEDETT	(X) Change ()Addition FO, VINCENT E CEO YYN MAWR AVE, STE 700 60631	
Title: Name: Address:	S (DALY, JESSIC 142 REDDING		Title: Name: Address:	KOLKER, ST	(X) Change()Addition EVEN C AST SEC TREE ST., NW, STE 276	

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.

City-St-Zip:

Title:

Name:

Address:

City-St-Zip:

ATLANTA, GA 30309

() Change () Addition

SIGNATURE: MICHAEL L OWENS P 01/05/2007

ATLANTA, GA 30328

9 WEST BROAD STREET

SANFORD, CT 06902

VERTRUE, INC.,

() Delete

City-St-Zip:

Title:

Name:

Address:

City-St-Zip: