2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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FILED
Jun 13, 2005 8:00 am
Secretary of State
05-09-2005 90281 050 ****25.00
06-13-2005 90004 025 ****36.25

DOCUMENT # F00000004179

1. Entity Name
CENTER FOR PUBLIC INTEREST RESEARCH, INC.

Principal Place of Business	Mailing Address
29 TEMPLE PLACE, 5TH FLOOR BOSTON, MA 02111	29 TEMPLE PLACE, 5TH FLOOR BOSTON, MA 02111

04182005 Chg-NP CR2E037 (10/03)

2. Principal Place of Business	3. Mailing Address
44 Winter St.	44 Winter St.
Suite, Apt. #, etc.: 4th Floor	Suite, Apt. #, etc.: 4th Floor
City & State: Boston, MA	City & State: Boston, MA
Zip: 02108 Country:	Zip: 02108 Country:

4. FEI Number: ~~22-2622759~~ 04-2863170 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
FERRULO, MARK ~~704 WEST MADISON~~ TALLAHASSEE, FL ~~32304~~	Name: Mark Ferrulo Street Address (P.O. Box Number Is Not Acceptable): 926 E. Park Ave. City: Tallahassee FL Zip Code: 32301

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD WENDY, WENDLANDT PRESIDE 3425 WILSHIRE BLVD, STE 380 LOS ANGELES, CA 90010	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MILES, JULIE DIRECTO 20 MURRAY ST. #5N NEW YORK, NY 10007	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DC CALDART, CHARLES SECRETA 3240 EASTLAKE AVE. E. SUITE 100 SEATTLE, WA 98102	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPTD RAKOV, SUSAN 1129 STATE ST SUITE 10B SANTA BARBARA, CA 93101	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D NAOMI, ROTH DIRECTO 180 W. WASHINGTON STE 500 CHICAGO, IL 60602	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	44 Winter St., 4th Floor Boston, MA 02108	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify 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 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 5/3/05 (617) 747-4308
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #