2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2007 08:00 AM
Secretary of State

DOCUMENT # F02000004813

1. Entity Name
CONSUMERS UNION OF UNITED STATES, INC.

Principal Place of Business	Mailing Address
101 TRUMAN AVENUE YONKERS, NY 10703	101 TRUMAN AVENUE YONKERS, NY 10703

02232007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
13-1776434
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

CORPORATE CREATIONS NETWORK INC.
11380 PROSPERITY FARMS ROAD #221E
PALM BEACH GARDENS, FL 33410

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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, 2007

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	GUEST, JAMES A
STREET ADDRESS	101 TRUMAN AVENUE
CITY-ST-ZIP	YONKERS, NY 10703
TITLE	V
NAME	GURIN, JOEL
STREET ADDRESS	101 TRUMAN AVENUE
CITY-ST-ZIP	YONKERS, NY 10703
TITLE	D
NAME	ADLER, ROBERT S
STREET ADDRESS	BUSINESS SCHOOL, UNIVERSITY OF N.C.
CITY-ST-ZIP	CHAPEL HILL, NC 275993490
TITLE	D
NAME	BAKER, WILLIAM F
STREET ADDRESS	450 WEST 33RD STREET, 6TH FLOOR
CITY-ST-ZIP	NEW YORK, NY 10001
TITLE	D
NAME	BJORKLUND, CHRISTINE A
STREET ADDRESS	1616 PLYMOUTH AVENUE
CITY-ST-ZIP	SAN FRANCISCO, CA 94127
TITLE	D
NAME	BROOKS, BERNARD E
STREET ADDRESS	P.O. BOX 1861
CITY-ST-ZIP	SPARTANBURG, SC 293041861

U00000725004
05/03/07-80005-007 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: _____ 2.27.2007
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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