2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 04, 2009
Secretary of State

DOCUMENT# F02000004813

Entity Name: CONSUMERS UNION OF UNITED STATES, INC.

Current Principal Place of Business:

101 TRUMAN AVENUE
YONKERS, NY 10703

New Principal Place of Business:

Current Mailing Address:

101 TRUMAN AVENUE
YONKERS, NY 10703

New Mailing Address:

FEI Number: 13-1776434 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

OFFICERS AND DIRECTORS:

Title:	P	( ) Delete
Name:	GUEST, JAMES A	
Address:	101 TRUMAN AVENUE	
City-St-Zip:	YONKERS, NY 10703	
Title:	V	( ) Delete
Name:	GURIN, JOEL	
Address:	101 TRUMAN AVENUE	
City-St-Zip:	YONKERS, NY 10703	
Title:	D	( ) Delete
Name:	ADLER, ROBERT S	
Address:	BUSINESS SCHOOL, UNIVERSITY OF N.C.	
City-St-Zip:	CHAPEL HILL, NC 275993490	
Title:	D	( ) Delete
Name:	BAKER, WILLIAM F	
Address:	450 WEST 33RD STREET, 6TH FLOOR	
City-St-Zip:	NEW YORK, NY 10001	
Title:	D	( ) Delete
Name:	BJORKLUND, CHRISTINE A	
Address:	1616 PLYMOUTH AVENUE	
City-St-Zip:	SAN FRANCISCO, CA 94127	
Title:	D	( ) Delete
Name:	BROOKS, BERNARD E	
Address:	P.O. BOX 1861	
City-St-Zip:	SPARTANBURG, SC 293041861	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	CFO	(X) Change ( ) Addition
Name:	GANNON, RICHARD	
Address:	101 TRUMAN AVENUE	
City-St-Zip:	YONKERS, NY 10703	
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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JILL MOORE LGL 02/04/2009

Electronic Signature of Signing Officer or Director — Date