

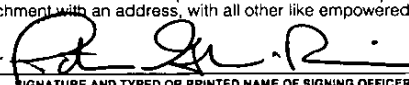


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 07, 2007 8:00 am
Secretary of State

05-07-2007 90070 042 ****61.25

DOCUMENT # 834321 1. Entity Name COMMON CAUSE (DISTRICT OF COLUMBIA CORPORATION)					
Principal Place of Business 1133 19TH STREET, NW 9TH FLOOR WASHINGTON, DC 20036 US			Mailing Address 1133 19TH STREET, NW 9TH FLOOR WASHINGTON, DC 20036 US		
2. Principal Place of Business - No P.O. Box # See above (no change)		3. Mailing Address See above (no change)		40107353 	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 		04302007 Chg-NP CR2E037 (12/06)	
City & State 		City & State 		4. FEI Number 52-6078441	
Zip 		Zip 		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324				7. Name and Address of New Registered Agent Name See name and address to the left Street Address (P.O. Box Number is Not Acceptable) (no change) City FL Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	PCEO PINOORE, CHELLIE 1133 19TH STREET, NW 9TH FLOOR WASHINGTON, DC 20036	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vacant	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T RHODES, NANCY 1133 19TH STREET, NW 9TH FLOOR WASHINGTON, DC 20036	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer Elizabeth Garrett 1133 19th St, NW 9th Floor Washington, DC 20036	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MACGUINEAS, MAYA 1133 19TH STREET, NW 9TH FLOOR WASHINGTON, DC 20036	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	COO BUFENDACH, SARAH 1133 19TH STREET, NW 9TH FLOOR WASHINGTON, DC 20036	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO Christian J. Curtin 1133 19th St, NW 9th Floor Washington DC 20036	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PATTERSON, RICHARD N 1133 19TH STREET, NW 9TH FLOOR WASHINGTON, DC 20036	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Chairman	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CMR BOK, DEREK 1133 10TH STREET, NW 9TH FLOOR WASHINGTON, DC 20036	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Executive Vice President Jon Goldin-Dubois 1133 19th St, NW 9th Floor Washington, DC 20036	
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: 			JON GOLDIN-DUBOIS Date 4/30/07 Daytime Phone # 202 735 5704		