

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 12, 2008 08:00 AM
Secretary of State

DOCUMENT # 856674

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



Principal Place of Business
**44 WINTER ST 4TH FLOOR
BOSTON, MA 02108**

Mailing Address
**44 WINTER ST 4TH FLOOR
BOSTON, MA 02108**



04112008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
04-2762647

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**FERRULO, MARK
926 E. PARK AVE.
TALLAHASSEE, FL 32301**

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

U00000950984
06/04/08-80013-016 156.75

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	JOHNSON, GEORGE E
STREET ADDRESS	1313 5TH STREET, SE, STE 317
CITY-ST-ZIP	MINNEAPOLIS, MN 55414
TITLE	VTD
NAME	DOMENITZ, JANET S
STREET ADDRESS	44 WINTER ST., 4TH FLOOR
CITY-ST-ZIP	BOSTON, MA 02108
TITLE	SD
NAME	ALT, MARJORIE
STREET ADDRESS	44 WINTER ST., 4TH FLOOR
CITY-ST-ZIP	BOSTON, MA 02108
TITLE	D
NAME	WEINERT, KIRK
STREET ADDRESS	1533 MARKET STREET, 2ND FL
CITY-ST-ZIP	DENVER, CO 80202
TITLE	PD
NAME	PARK, FAYE
STREET ADDRESS	1129 STATE STREET, SUITE 10B
CITY-ST-ZIP	SANTA BARBARA, CA 93101
TITLE	D
NAME	RAKOV, SUSAN
STREET ADDRESS	1129 STATE STREET, SUITE
CITY-ST-ZIP	SANTA BARBARA, CA 93101

U00000950984
06/04/08-80013-016 61.25

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IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/5/08

Date

Daytime Phone #