


**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jun 06, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # F00000004179</b> 1. Entity Name CENTER FOR PUBLIC INTEREST RESEARCH, INC.	
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Principal Place of Business 44 WINTER STREET 4TH FLOOR BOSTON, MA 02108	Mailing Address 44 WINTER STREET 4TH FLOOR BOSTON, MA 02108
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**DO NOT WRITE IN THIS SPACE**



05232007 No Chg-NP CR2E037 (4/06)

4. FEI Number 04-2863170	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent

FERRULO, MARK  
926 S PARK AVENUE  
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 \_\_\_\_\_ 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 September 14, 2007**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WENDY, WENDLANDT PRESIDE 3425 WILSHIRE BLVD, STE 380 LOS ANGELES, CA 90010
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MILES, JULIE DIRECTO 20 MURRAY ST. #5N NEW YORK, NY 10007
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC CALDART, CHARLES SECRETA 3240 EASTLAKE AVE. E. SUITE 100 SEATTLE, WA 98102
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPTD RAKOV, SUSAN 1129 STATE ST SUITE 10B SANTA BARBARA, CA 93101
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NAOMI, ROTH DIRECTO 44 WINTER STREET, 4TH FLOOR BOSTON, MA 02108
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

U00000785975  
06/06/07-80003-008 61.25

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:  DATE: 5/30/07 DAYPHONE: 617-747-4308  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR