


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

**FILED**  
**May 19, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # F00000004179**  
 1. Entity Name  
**CENTER FOR PUBLIC INTEREST RESEARCH, INC.**



Principal Place of Business <b>44 WINTER STREET          4TH FLOOR          BOSTON, MA 02108</b>	Mailing Address <b>44 WINTER STREET          4TH FLOOR          BOSTON, MA 02108</b>
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**DO NOT WRITE IN THIS SPACE**



04112008 No Chg-NP CR2E037 (4/06)

4. FEI Number <b>04-2863170</b>	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

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

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 \_\_\_\_\_ (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

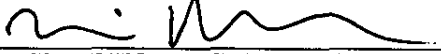
10. OFFICERS AND DIRECTORS

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	

U00000951674  
 06/04/08-80045-013 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:**  Naomi Roth 5/12/08 617-747-4425

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #