


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 16, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # F02000003434  
 1. Entity Name  
 CLIVUS MULTRUM, INC.



Principal Place of Business: 15 UNION ST. LAWRENCE, MA 01840  
 Mailing Address: 15 UNION ST. LAWRENCE, MA 01840



01042005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number: 13-2750527 Applied For: Not Applicable  
 5. Certificate of Status Desired:  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
 MILLS, DONALD SR.  
 617 DORANDO CT.  
 MARCO ISLAND, FL 33937

**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: \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

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

1100000308865

04/16/05-80015-003 150.00

10. OFFICERS AND DIRECTORS

|                |                      |
|----------------|----------------------|
| TITLE          | CDP                  |
| NAME           | ROCKEFELLER, ABBY A  |
| STREET ADDRESS | 15 UNION ST.         |
| CITY-ST-ZIP    | LAWRENCE, MA 01840   |
| TITLE          | D                    |
| NAME           | PARTLOW, ANN         |
| STREET ADDRESS | 15 UNION ST.         |
| CITY-ST-ZIP    | LAWRENCE, MA 01840   |
| TITLE          | S                    |
| NAME           | STRAWBRIDGE, DAVID A |
| STREET ADDRESS | 30 ROCKEFELLER PLAZA |
| CITY-ST-ZIP    | NEW YORK, NY 10112   |
| TITLE          | T                    |
| NAME           | CATALDO, RICHARD N   |
| STREET ADDRESS | 30 ROCKEFELLER PLAZA |
| CITY-ST-ZIP    | NEW YORK, NY 10112   |
| TITLE          |                      |
| NAME           |                      |
| STREET ADDRESS |                      |
| CITY-ST-ZIP    |                      |
| TITLE          |                      |
| NAME           |                      |
| STREET ADDRESS |                      |
| CITY-ST-ZIP    |                      |

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 607, 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: Don Mills 11/6/05 978-7255591  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #