## 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT # F02000004813



## FILED Mar 11, 2004 8:00 am Secretary of State 03-11-2004 90023 009 \*\*\*\*61.25

1. Entity Name CONSUMERS UNION OF UNITED STATES, INC.									
Principal Place of Business Mailing Address 101 TRUMAN AVENUE 101 TRUMAN AVENUE YONKERS, NY 10703 YONKERS, NY 10703									
2. Principal P	lace of Business	3. Mailing Address						<b>     </b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			02092004 Ch	g-NP CR2E03	37 (10/03)		
City & State		City & State			4. FEI Number 13-177643	4		plied For t Applicable	
Zip	Country	Zip	Cot	untry	- 5Certificate of Sta	ntus Desired : 🗀 ~	\$8.75 Add Fee Required	itional 🔒 📑	
6. Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent				
CORPORATION SERVICE COMPANY 1201 HAYS STREET				Name Street Address (P.O. Box Number is Not Acceptable)					
TALLAHASSEE, FL 32301-2525									
•				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									
Stynature, 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, 2004  9 Election Campaign F  Trust Fund Contributi				\$5.00 May Be Added to Fees	Make check Florida Depar		1		
10.	OFFICERS AND DIRE		11.	ŕ	ADDITIONS/CHANGE	S TO OFFICERS AND DIF			
NAME STREET ADDRESS CITY-ST-ZIP	P GUEST, JAMES A 101 TRUMAN AVENUE YONKERS, NY 10703	☐ Detete					☐ Change	☐ Addition 1	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V GURIN, JOEL 101 TRUMAN AVENUE YONKERS, NY 10703	. Delete					☐ Change	Addition	
NAME STREET ADDRESS CITY-SI-ZIP	D. ADLER, ROBERT S BUSINESS SCHOOL, UNIVERSIT CHAPEL HILL, NC 275993490	Y OF N.C.	NAM Stre	EF ADDRESS '-ST-ZIP	on the control of the	A grant the confirmation	- Change	- ►⊡ Addition	
TITLE MAME STREET ADDRESS CITY-ST-ZIP	D BAKER, WILLIAM F 450 WEST 33RD STREET, 6TH FL NEW YORK, NY 10001	☐ Delete					Change	☐ Addition	
1)TLE NAME STREET ADDRESS CITY-ST-ZIP	D BJORKLUND, CHRISTINE A 1616 PLYMOUTH AVENUE SAN FRANCISCO, CA 94127	☐ Delete		l l			☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS	D BROOKS, BERNARD E P.O. BOX 1861	☐ Delete	4	IE EET ADDRESS			Change .	Addition	
CITY-S1-ZIP SPARTANBURG, SC 293041861  12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), 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 emproyered 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, wheat pher like empowered.									