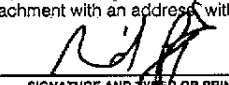


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 15, 2005 08:00 AM
Secretary of State

DOCUMENT # F02000004813 1. Entity Name CONSUMERS UNION OF UNITED STATES, INC.					
Principal Place of Business 101 TRUMAN AVENUE YONKERS, NY 10703			Mailing Address 101 TRUMAN AVENUE YONKERS, NY 10703		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 13-1776434	
5. Certificate of Status Desired ☐				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525				7. Name and Address of New Registered Agent Name Corporate Creations Network, Inc. Street Address (P.O. Box Number is Not Acceptable) 11380 Prosperity Farms Road #221E City Palm Beach Gardens FL Zip Code 33410	
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) Signature, typed or printed name of registered agent and title if applicable					
Filing Fee is \$61.25 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GUEST, JAMES A 101 TRUMAN AVENUE YONKERS, NY 10703		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 1100000376362 08/15/05-80002-012 61.25	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V GURIN, JOEL 101 TRUMAN AVENUE YONKERS, NY 10703		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ADLER, ROBERT S BUSINESS SCHOOL, UNIVERSITY OF N.C. CHAPEL HILL, NC 275993490		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BAKER, WILLIAM F 450 WEST 33RD STREET, 8TH FLOOR NEW YORK, NY 10001		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BJORKLUND, CHRISTINE A 1616 PLYMOUTH AVENUE SAN FRANCISCO, CA 94127		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BROOKS, BERNARD E P.O. BOX 1861 SPARTANBURG, SC 293041861		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
12. I hereby certify that the information supplied with this filing 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 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:  Richard Lustig, VP HR & Admin 7-26-05 914-378-2000 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					