

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 22, 2006 8:00 am
Secretary of State

05-22-2006 90049 012 ****61.25

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**

DO NOT WRITE IN THIS SPACE



05092006 No Chg-NP CR2E037 (4/06)

4. FEI Number
13-1776434

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**CORPORATE CREATIONS NETWORK INC.
11380 PROSPERITY FARMS ROAD #221E
PALM BEACH GARDENS, FL 33410**

**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 _____
Signature, typed or printed name of registered agent and title if applicable.

**Filing Fee is \$61.25
Due by September 6, 2006**

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	GUEST, JAMES A
STREET ADDRESS	101 TRUMAN AVENUE
CITY-ST-ZIP	YONKERS, NY 10703
TITLE	V
NAME	GURIN, JOEL
STREET ADDRESS	101 TRUMAN AVENUE
CITY-ST-ZIP	YONKERS, NY 10703
TITLE	D
NAME	ADLER, ROBERT S
STREET ADDRESS	BUSINESS SCHOOL, UNIVERSITY OF N.C.
CITY-ST-ZIP	CHAPEL HILL, NC 275993490
TITLE	D
NAME	BAKER, WILLIAM F
STREET ADDRESS	450 WEST 33RD STREET, 6TH FLOOR
CITY-ST-ZIP	NEW YORK, NY 10001
TITLE	D
NAME	BJORKLUND, CHRISTINE A
STREET ADDRESS	1616 PLYMOUTH AVENUE
CITY-ST-ZIP	SAN FRANCISCO, CA 94127
TITLE	D
NAME	BROOKS, BERNARD E
STREET ADDRESS	P.O. BOX 1861
CITY-ST-ZIP	SPARTANBURG, SC 293041861

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IN THIS SPACE**

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 the 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #