


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2007 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	



02232007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 13-1776434	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$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
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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, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GUEST, JAMES A 101 TRUMAN AVENUE YONKERS, NY 10703
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V GURIN, JOEL 101 TRUMAN AVENUE YONKERS, NY 10703
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	D BAKER, WILLIAM F 450 WEST 33RD STREET, 6TH FLOOR NEW YORK, NY 10001
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	D BROOKS, BERNARD E P.O. BOX 1861 SPARTANBURG, SC 293041861

DO NOT WRITE 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 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 an officer like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2.27.2007

Date

Daytime Phone #

