

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000000984

FILED
Jan 06, 2010
Secretary of State

Entity Name: COMMUNICATION SERVICE FOR THE DEAF, INC.

Current Principal Place of Business:

102 NORTH KROHN PLACE
SIOUX FALLS, SD 57103

New Principal Place of Business:

Current Mailing Address:

600 SOUTH MAIN AVENUE
SUITE 102
SIOUX FALLS, SD 57104

New Mailing Address:

FEI Number: 46-0332149

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: D
Name: BOUNDS, BETTY
Address: 1102 S. CONGRESS AVE
City-St-Zip: AUSTIN, TX 78704

Title: D
Name: CRANE, MICHAEL
Address: 122 S. PHILLIPS AVE., STE. 350
City-St-Zip: SIOUX FALLS, SD 57104

Title: D
Name: GILLIAM, JUDITH
Address: 102 NORTH KROHN PLACE
City-St-Zip: SIOUX FALLS, SD 57103

Title: CEOP
Name: SOUKUP, BENJAMIN
Address: 102 NORTH KROHN PLACE
City-St-Zip: SIOUX FALLS, SD 57103

Title: D
Name: PUTHOFF, LARRY
Address: 102 NORTH KROHN PLACE
City-St-Zip: SIOUX FALLS, SD 57103

Title: D
Name: OLIVER, ROBERT
Address: 2420 CARRIAGE CT
City-St-Zip: SIOUX FALLS, SD 57108

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: BENJAMIN SOUKUP

CEO

01/06/2010

Electronic Signature of Signing Officer or Director

Date