2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

02-18-2005 90056 039 ****61.25
F04000002036

DOCUMENT # F04000002036

1. Entity Name
CONSUMER DATA INDUSTRY ASSOCIATION, INC.

FILED
05 APR 28 AM 8:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
1769 LEYBURN COURT JACKSONVILLE, FL 32223	1769 LEYBURN COURT JACKSONVILLE, FL 32223

2. Principal Place of Business	3. Mailing Address
12276 San Jose Boulevard	12276 San Jose Boulevard
Suite, Apt. #, etc. Suite 417	Suite, Apt. #, etc. Suite 417
City & State Jacksonville, FL	City & State Jacksonville, FL
Zip / Country 32223 / USA	Zip / Country 32223 / USA

01282005 Chg-NP CR2E037 (10/03)

4. FEI Number 43 0164315 ☐ Applied For ☐ Not Applicable

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

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

Street Address (P.O. Box Number is Not Acceptable)

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 _____
Signature, 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, 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	C ROBERT, DONALD A 475 ANTON BLVD. COSTA MESA, CA 92626	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director Chris Callero 475 Anton Blvd Costa, Mesa, CA 92626	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V MAST, KENT 1550 PEACHTREE NW, MIAL DROP H-39 ATLANTA, GA 30309	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Chairman of the Board	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DENNY, ROBERT M 652 NORTH SAM HOUSTON PARKWAY EAST STE 400 HOUSTON, TX 77060	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Treausury Betty Byrnes 1090 Vermont, Ave. #200 ~~Washington, DC 20005~~	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BLENKE, JOHN 555 WEST ADAMS CHICAGO, IL 60661	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P PRATT, STUART K 1090 VERMONT AVE. NW SUITE 200 WASHINGTON, DC 200054905	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V MAGNUSON, NORMAN 1090 VERMONT AVE. NW SUITE 200 WASHINGTON, DC 200054905	☐ Delete	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.

Betty Byrnes 4/12/05

SIGNATURE: Elizabeth Byrnes, Treasurer 2/4/05 202-408-7409
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Elizabeth Byrnes Date Daytime Phone #