

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90346 029 ****61.25

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02082006 Chg-NP CR2E037 (11/05)

DOCUMENT # F04000002036 1. Entity Name CONSUMER DATA INDUSTRY ASSOCIATION, INC.					
Principal Place of Business 12276 SAN JOSE BLVD., STE. 417 JACKSONVILLE, FL 32223			Mailing Address 12276 SAN JOSE BLVD., STE. 417 JACKSONVILLE, FL 32223		
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 43-0164315 <div style="float: right; border: 1px solid black; padding: 2px;"> Applied For Not Applicable </div>	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="float: right;"> FL Zip Code </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
<div style="text-align: right;"> Make check payable to Florida Department of State </div>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	T	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BYRNES, BETTY		NAME		
STREET ADDRESS	1090 VERMONT AVE., #200		STREET ADDRESS		
CITY-ST-ZIP	WASHINGTON, DC 20005		CITY-ST-ZIP		
TITLE	C	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MAST, KENT		NAME		
STREET ADDRESS	1550 PEACHTREE NW, MIAL DROP H-39		STREET ADDRESS		
CITY-ST-ZIP	ATLANTA, GA 30309		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DENNY, ROBERT M		NAME		
STREET ADDRESS	652 NORTH SAM HOUSTON PARKWAY EAST STE 400		STREET ADDRESS		
CITY-ST-ZIP	HOUSTON, TX 77060		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BLENKE, JOHN		NAME		
STREET ADDRESS	555 WEST ADAMS		STREET ADDRESS		
CITY-ST-ZIP	CHICAGO, IL 60661		CITY-ST-ZIP		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PRATT, STUART K		NAME		
STREET ADDRESS	1090 VERMONT AVE. NW SUITE 200		STREET ADDRESS		
CITY-ST-ZIP	WASHINGTON, DC 200054905		CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MAGNUSON, NORMAN		NAME		
STREET ADDRESS	1090 VERMONT AVE. NW SUITE 200		STREET ADDRESS		
CITY-ST-ZIP	WASHINGTON, DC 200054905		CITY-ST-ZIP		
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 all other like empowered.					
SIGNATURE: <u>Betty Byrnes, Betty Byrnes</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date: <u>4/17/06</u> Daytime Phone #: <u>202-408-7409</u>		