

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000002788

FILED
Feb 17, 2010
Secretary of State

Entity Name: CU DIRECT CORPORATION

Current Principal Place of Business:

2855 EAST GUASTI ROAD
SUITE 500
ONTARIO, CA 91761

New Principal Place of Business:

Current Mailing Address:

PO BOX 51482
ONTARIO, CA 91761

New Mailing Address:

FEI Number: 95-4512320

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NATIONAL CORPORATE RESEARCH, LTD., INC.
515 E. PARK AVE.
TALLAHASSEE, FL 32301 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P
Name: BOUTELLE, ANTHONY
Address: 2855 EAST GUASTI ROAD, SUITE 500
City-St-Zip: ONTARIO, CA 91761

Title: V
Name: NEEMANN, JERRY
Address: 2855 EAST GUASTI ROAD, SUITE 500
City-St-Zip: ONTARIO, CA 91761

Title: D
Name: JORDAN, JIM
Address: 1485 RESPONSE ROAD, SUITE 126
City-St-Zip: SACRAMENTO, CA 95815

Title: D
Name: MCNAUGHT, MARGE
Address: 19867 PRAIRIE STREET
City-St-Zip: CHATSWORTH, CA 91311

Title: D
Name: WILSON, LARRY
Address: 1000 ST. ALBANS DRIVE
City-St-Zip: RALEIGH, NC 27609

Title: SD
Name: REYNOLDS, DAVE
Address: 16211 LA CANTERA PARKWAY
City-St-Zip: SAN ANTONIO, TX 78256

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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: CRAIG MONTESANTI

CFO

02/17/2010

_____ Electronic Signature of Signing Officer or Director

_____ Date