

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 23, 2006 8:00 am
Secretary of State

02-23-2006 90020 001 ***150.00

DOCUMENT # F04000005870

1. Entity Name
CO-OP HOLDINGS, INC.



Principal Place of Business
3993 HOWARD HUGHES PARKWAY, SUITE 100
LAS VEGAS, NV 89109

Mailing Address
3993 HOWARD HUGHES PARKWAY, SUITE 100
LAS VEGAS, NV 89109

40017245



2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

02102006 Chg-P CR2E034 (11/05)

City & State
Zip Country

4. FEI Number
88-0378232

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

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST FARRIS, IVAN S 3993 HOWARD HUGHES PARKWAY, SUITE 100 LAS VEGAS, NV 89109	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCD CHILDS, ALFRED B 2001 ROSS AVENUE, SUITE 2700 DALLAS, TX 75201	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CLARK, THOMAS C ONE PICKWICK PLAZA GREENWICH, CT 06830	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD DOWLING, JAMES V 132 ROYAL PALM WAY PALM BEACH, FL 33480	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BEAR, MICHAEL 114 W. 47TH STREET NEW YORK, NY 10036	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRESSOUD, DONALD A 4601 TOUCHTON ROAD EAST, BLD. 300, #3220 JACKSONVILLE, FL 32246	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS Farris, Ivan S 3993 Howard Hughes Parkway, Suite 100 Las Vegas, NV 89109	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Mathews, Paula M 4601 Touchton Road East, Bldg. 300, Ste. 3220 Jacksonville, FL 32246	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Clark, Thomas C One Pickwick Plaza Greenwich, CT 06830	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D V Frost, Steven J 301 N. Elm Street, Suite 900 Greensboro, NC 27402	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Spratt, Sr., Thomas J 515 South Flower Street Los Angeles, CA 90071	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Ward, Shelley K 4601 Touchton Road East, Bldg. 300, Suite 3220 Jacksonville, FL 32246	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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 607, 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: Ivan S. Farris Ivan S. Farris, President 2/15/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #