2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 09, 2007 8:00 am
Secretary of State

05-09-2007 90109 003 ***150.00

DOCUMENT # F05000006957

1. Entity Name
CDI HOLDING CORP.

Principal Place of Business
5200 TOWN CENTER CIRCLE STE 470
BOCA RATON FL 33486

Mailing Address
5200 TOWN CENTER CIRCLE STE 470
BOCA RATON FL 33486

1st MOORE CR2E034 (10/06)

2. Principal Place of Business - No P.O. Box #

Suite, Apt. #, etc.

City & State

Zip | Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip | Country

4. FEI Number 20-3798833 | Applied For | Not Applicable

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

6. Name and Address of Current Registered Agent

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

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, 2007 Fee Will Be $550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE	DVP	☐ Delete
NAME	KING, THOMAS S	
STREET ADDRESS	5200 TOWN CENTER CIRCLE STE 470	
CITY-ST-ZIP	BOCA RATON FL 33486	
TITLE	DVAS	☑ Delete
NAME	KUEHN, CASE	
STREET ADDRESS	5200 TOWN CENTER CIRCLE STE 470	
CITY-ST-ZIP	BOCA RATON FL 33486	
TITLE	DPS	☑ Delete
NAME	SEBASTIAO, RICHARD	
STREET ADDRESS	800 COTTONTAIL LANE	
CITY-ST-ZIP	SOMERSET NJ 08873	
TITLE	CEO	☐ Delete
NAME	LEBEAU, TIM	
STREET ADDRESS	800 COTTONTAIL LANE	
CITY-ST-ZIP	SOMERSET NJ 08873	
TITLE	VAS	☐ Delete
NAME	NEIMARK, JASON	
STREET ADDRESS	5200 TOWN CENTER CIRCLE STE 470	
CITY-ST-ZIP	BOCA RATON FL 33486	
TITLE	VAS	☐ Delete
NAME	MCCONVERY, MICHAEL	
STREET ADDRESS	5200 TOWN CENTER CIRCLE STE 470	
CITY-ST-ZIP	BOCA RATON FL 33486	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DVP	☐ Change ☑ Addition
NAME	Archambault, Michael	
STREET ADDRESS	5200 Town Center Circle, Suite 470	
CITY-ST-ZIP	Boca Raton, FL 33486	
TITLE	VAS	☐ Change ☑ Addition
NAME	Killion, Joel	
STREET ADDRESS	5200 Town Center Circle, Suite 470	
CITY-ST-ZIP	Boca Raton, FL 33486	
TITLE	VAS-AT	☐ Change ☑ Addition
NAME	DeSantis, Donald	
STREET ADDRESS	5200 Town Center Circle, Suite 470	
CITY-ST-ZIP	Boca Raton, FL 33486	
TITLE	VAS	☐ Change ☑ Addition
NAME	Barrie Levine	
STREET ADDRESS	5200 Town Center Circle, Suite 470	
CITY-ST-ZIP	Boca Raton, FL 33486	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Timothy R. LeBeau 4/26/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #