

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**



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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/06)

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

7. Name and Address of New Registered Agent

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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. McConvery
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/07
Date

Daytime Phone #