

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000003513

FILED
Feb 07, 2009
Secretary of State

Entity Name: COGNITIVE RESEARCH CORPORATION

Current Principal Place of Business:

200 CENTRAL AVENUE, STE 1230
ST PETERSBURG, FL 33701 US

New Principal Place of Business:

Current Mailing Address:

200 CENTRAL AVENUE, STE 1230
ST PETERSBURG, FL 33701 US

New Mailing Address:

FEI Number: 65-1276928 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 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: DR () Delete
Name: CROOK, THOMAS H DR
Address: 4240 GALT OCEAN DRIVE STE 2003
City-St-Zip: FORT LAUDERDALE, FL 33308 US

Title: VCP () Delete
Name: KAY, GARY DR
Address: 7710 ARALIA WAY
City-St-Zip: LARGO, FL 33777 US

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CEO (X) Change () Addition
Name: CROOK, THOMAS H DR
Address: 4240 GALT OCEAN DRIVE STE 2003
City-St-Zip: FORT LAUDERDALE, FL 33308 US

Title: PRES (X) Change () Addition
Name: KAY, GARY DR
Address: 7710 ARALIA WAY
City-St-Zip: LARGO, FL 33777 US

Title: COO () Change (X) Addition
Name: HOCHADEL, THOMAS J
Address: 1178 42ND AVE NE
City-St-Zip: ST PETERSBURG, FL 33703 US

Title: CTO () Change (X) Addition
Name: HOROHONICH, STEPHEN
Address: 1239 86TH TERRACE NORTH
City-St-Zip: ST PETERSBURG, FL 33702 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: ALAN HOFFMANN

CFO

02/07/2009

Electronic Signature of Signing Officer or Director

_____ Date