


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F93000005197 1. Entity Name SERVICE CONTRACT INDUSTRY COUNCIL, INC.	
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Principal Place of Business 204 SOUTH MONROE STREET TALLAHASSEE, FL 32301	Mailing Address 204 SOUTH MONROE STREET TALLAHASSEE, FL 32301
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

FILED

06 JAN 31 PM 3:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



01242006 Chg-NP CR2E037 (11/05)

4. FEI Number 59-3190625	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MEENAN, TIMOTHY J 204 SOUTH MONROE 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROOKS, R. STEVEN	NAME	500065566795
STREET ADDRESS	6303 BLUE LAGOON DR., STE. 225	STREET ADDRESS	02/10/06--01021--002 **\$1.25
CITY-ST-ZIP	MIAMI, FL 33126	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LIGHTFOOT, MARK	NAME	Simrun Gialleonardo
STREET ADDRESS	860 RIDGE LAKE BLVD, STE G100	STREET ADDRESS	22660 Executive Drive, Suite 122
CITY-ST-ZIP	MEMPHIS ESTATES, TN 38120	CITY-ST-ZIP	Sterling, VA 20166
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CHAMELI, DAVID	NAME	
STREET ADDRESS	3333 BEVERLY RD., BC-129A	STREET ADDRESS	
CITY-ST-ZIP	HOFFMAN ESTATES, IL 60179	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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 617, 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: *[Signature]* Date 1-26-06 Telephone # 850-681-6710

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR