

**FILED**  
**Jul 14, 1999 8:00 am**  
**Secretary of State**

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**NONPROFIT  
 CORPORATION  
 ANNUAL REPORT  
 1999**



FLORIDA DEPARTMENT OF STATE  
 Katherine Harris  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # F98000004290

1. Corporation Name

CITIZENS FOR A SOUND ECONOMY, INC.

Principal Place of Business  
 1250 H STREET, N.W.  
 WASHINGTON DC 20005

Mailing Address  
 1250 H STREET, N.W.  
 WASHINGTON DC 20005

6 607012-90015-45 2 \*



|                                                 |         |                     |                                    |                                                                                                                 |  |                |
|-------------------------------------------------|---------|---------------------|------------------------------------|-----------------------------------------------------------------------------------------------------------------|--|----------------|
| 2. Principal Place of Business                  |         | 2a. Mailing Address | 3. Date Incorporated or Qualified  | 4. FEI Number                                                                                                   |  | Applied For    |
| Suite, Apt. #, etc.                             |         | Suite, Apt. #, etc. | 07/27/1998                         | 52-1349353                                                                                                      |  | Not Applicable |
| City & State                                    |         | City & State        | 5. Certificate of Status Desired.. | <input type="checkbox"/> \$8.75 Additional Fee Required<br><input type="checkbox"/> \$5.00 May Be Added to Fees |  |                |
| Zip                                             | Country | Zip                 | Country                            | 6. Election Campaign Financing                                                                                  |  |                |
| 25                                              | 29      | 30                  | 30                                 | <input type="checkbox"/> Trust Fund Contribution                                                                |  |                |
| 9. Name and Address of Current Registered Agent |         |                     |                                    | 10. Name and Address of New Registered Agent                                                                    |  |                |
| CORPORATION SERVICE COMPANY                     |         |                     |                                    | 81 Name                                                                                                         |  |                |
| 1201 HAYS STREET                                |         |                     |                                    | 82 Street Address (P.O. Box Number is Not Acceptable)                                                           |  |                |
| TALLAHASSEE FL 32301-2525                       |         |                     |                                    | 83                                                                                                              |  |                |
|                                                 |         |                     |                                    | 84 City                                                                                                         |  |                |
|                                                 |         |                     |                                    | FL 85 Zip Code                                                                                                  |  |                |

11. Pursuant to the provisions of Sections 617.0502 and 617.1503, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

## SIGNATURE

Signatures, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when resigning)

DATE

| 12. OFFICERS AND DIRECTORS |                            | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |                       |
|----------------------------|----------------------------|-------------------------------------------------------|-----------------------|
| TITLE                      | D                          | 1.1 TITLE                                             | Treasurer             |
| NAME                       | CAIN, GORDON               | 1.2 NAME                                              | Deborah Korte         |
| STREET ADDRESS             | 8 GREENWAY PLAZA EAST #702 | 1.3 STREET ADDRESS                                    | 1250 H St NW, Ste 700 |
| CITY-ST-ZIP                | HOUSTON TX 77048           | 1.4 CITY-ST-ZIP                                       | Washington, DC 20005  |
| TITLE                      | D                          | 2.1 TITLE                                             |                       |
| NAME                       | DEWHURST, DAVID E III      | 2.2 NAME                                              |                       |
| STREET ADDRESS             | 5 POST OAK PARK #1400      | 2.3 STREET ADDRESS                                    |                       |
| CITY-ST-ZIP                | HOUSTON TX 77027           | 2.4 CITY-ST-ZIP                                       |                       |
| TITLE                      | C                          | 3.1 TITLE                                             |                       |
| NAME                       | FOGG, JOSEPH G             | 3.2 NAME                                              |                       |
| STREET ADDRESS             | 400 POST AVENUE #404       | 3.3 STREET ADDRESS                                    |                       |
| CITY-ST-ZIP                | WESTBURY NY 11590          | 3.4 CITY-ST-ZIP                                       |                       |
| TITLE                      | D                          | 4.1 TITLE                                             |                       |
| NAME                       | GABLE, WAYNE E             | 4.2 NAME                                              |                       |
| STREET ADDRESS             | 1401 EYE STREET NW #300    | 4.3 STREET ADDRESS                                    |                       |
| CITY-ST-ZIP                | WASHINGTON DC 20005        | 4.4 CITY-ST-ZIP                                       |                       |
| TITLE                      | D                          | 5.1 TITLE                                             |                       |
| NAME                       | GRAY, C. B HON.            | 5.2 NAME                                              |                       |
| STREET ADDRESS             | 2445 M STREET NW           | 5.3 STREET ADDRESS                                    |                       |
| CITY-ST-ZIP                | WASHINGTON DC 20037-1420   | 5.4 CITY-ST-ZIP                                       |                       |
| TITLE                      | D                          | 6.1 TITLE                                             |                       |
| NAME                       | GRAY, DEECY                | 6.2 NAME                                              |                       |
| STREET ADDRESS             | 1742 N STREET NW           | 6.3 STREET ADDRESS                                    |                       |
| CITY-ST-ZIP                | WASHINGTON DC 20036        | 6.4 CITY-ST-ZIP                                       |                       |

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other filers empowered.

SIGNATURE:

Deborah Korte DEBORAH KORTE 5/17/99 204-944-7607