

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 29, 2001 8:00 am**  
**Secretary of State**

05-29-2001 90005 049 \*\*\*\*61.25

**DOCUMENT # F98000004290**

1. Entity Name

**CITIZENS FOR A SOUND ECONOMY, INC.**

Principal Place of Business

1250 H STREET, N.W.  
 STE 700  
 WASHINGTON DC 20005

Mailing Address

1250 H STREET, N.W.  
 STE 700  
 WASHINGTON DC 20005

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**52-1349353**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY**  
**1201 HAYS STREET**  
**TALLAHASSEE FL 32301-2525**

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.

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 \$61.25**

9. Election Campaign Financing  
 Trust Fund Contribution. ☐

**\$5.00** May Be  
 Added to Fees

**Make Check Payable to**  
**Department of State**

10. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete  
 NAME **BECKNER, PAUL**  
 STREET ADDRESS **1250 H STREET NW, STE 700**  
 CITY-ST-ZIP **WASHINGTON DC 20005**

TITLE **T** ☒ Delete  
 NAME **KORTE, DEBORAH**  
 STREET ADDRESS **1250 H ST NW STE 700**  
 CITY-ST-ZIP **WASHINGTON DC 20005**

TITLE **C** ☒ Delete  
 NAME **FOGG, JOSEPH G**  
 STREET ADDRESS **400 POST AVENUE #404**  
 CITY-ST-ZIP **WESTBURY NY 11590**

TITLE **D** ☐ Delete  
 NAME **GRAY, C. B HON.**  
 STREET ADDRESS **2445 M STREET NW**  
 CITY-ST-ZIP **WASHINGTON DC 20037-1420**

TITLE **D** ☐ Delete  
 NAME **PADDEN, DAVID H**  
 STREET ADDRESS **100 WEST MONROE ST**  
 CITY-ST-ZIP **CHICAGO IL 60603-1901**

TITLE **S** ☒ Delete  
 NAME **GABLE, WAYNE**  
 STREET ADDRESS **1401 EYE STREET NW 300**  
 CITY-ST-ZIP **WASHINGTON DC 20005**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **TREASURER** ☐ Change ☒ Addition  
 NAME **THOMAS POSEY**  
 STREET ADDRESS **8326 Finchleigh Street**  
 CITY-ST-ZIP **Laurel, MD 20724**

TITLE **Director** ☐ Change ☒ Addition  
 NAME **James Burnley**  
 STREET ADDRESS **1400 L Street, NW #10**  
 CITY-ST-ZIP **Washington, DC 20005**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **Director** ☐ Change ☒ Addition  
 NAME **Tom Knudsen**  
 STREET ADDRESS **5 Penn Plaza**  
 CITY-ST-ZIP **New York, NY 10001**

12. 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 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:

*Thomas J. Posey*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/16/01

202-783-3870

Date

Daytime Phone #

CR2E037 (10/00)