

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F98000004290

1. Entity Name

CITIZENS FOR A SOUND ECONOMY, INC.

FILED
Apr 01, 2002 8:00 am
Secretary of State

04-01-2002 90070 015 ****61.25

0057318

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
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country



DO NOT WRITE IN THIS SPACE

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	<input type="checkbox"/> Delete
NAME	BECKNER, PAUL	
STREET ADDRESS	1250 H STREET NW, STE 700	
CITY-ST-ZIP	WASHINGTON DC 20005	
TITLE	T	<input type="checkbox"/> Delete
NAME	POSEY, THOMAS	
STREET ADDRESS	8326 FINCHLEIGH STREET	
CITY-ST-ZIP	LAUREL MD 20724	
TITLE	D	<input type="checkbox"/> Delete
NAME	BURNLEY, JAMES	
STREET ADDRESS	1400 L STREET, NW #10	
CITY-ST-ZIP	WASHINGTON DC 20005	
TITLE	D	<input type="checkbox"/> Delete
NAME	GRAY, C. B HON.	
STREET ADDRESS	2445 M STREET NW	
CITY-ST-ZIP	WASHINGTON DC 20037-1420	
TITLE	D	<input type="checkbox"/> Delete
NAME	PADDEN, DAVID H	
STREET ADDRESS	100 WEST MONROE ST	
CITY-ST-ZIP	CHICAGO IL 60603-1901	
TITLE	D	<input type="checkbox"/> Delete
NAME	KNUDSEN, TOM	
STREET ADDRESS	5 PENN PLAZA	
CITY-ST-ZIP	NEW YORK NY 10001	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03-22-02 202-783-3870
Date Daytime Phone #

CR2E037 (9/01)