

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F99000003089

FILED
Apr 08, 2009
Secretary of State

Entity Name: COOPERATIVE COMMUNICATIONS, INC

Current Principal Place of Business:

210 CLAY AVENUE
LYNDHURST, NJ 07071

New Principal Place of Business:

210 CLAY AVENUE
THIRD FLOOR
LYNDHURST, NJ 07071

Current Mailing Address:

210 CLAY AVENUE
LYNDHURST, NJ 07071

New Mailing Address:

210 CLAY AVENUE
THIRD FLOOR
LYNDHURST, NJ 07071

FEI Number: 22-3076182

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DRIVE
SUITE 4
WESTON, FL 33331 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: PCEO () Delete
Name: LOMBARDI, LOUIS SR.
Address: 210 CLAY AVE
City-St-Zip: LYNDHURST, NJ 07071

Title: VPCO () Delete
Name: LOMBARDI, LOUIS A JR
Address: 210 CLAY AVE
City-St-Zip: LYNDHURST, NJ 07071

Title: VPCF () Delete
Name: BRZEZANSKI, JAY M
Address: 210 CLAY AVE
City-St-Zip: LYNDHURST, NJ 07071

Title: VPF () Delete
Name: LOMBARDI, MICHAEL
Address: 210 CLAY AVE
City-St-Zip: LYNDHURST, NJ 07071

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: JAY BRZEZANSKI

CFO

04/08/2009

Electronic Signature of Signing Officer or Director

Date