2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F99000003424

CLAYSON, RICHARD N

7123 MARSEILLE PL NE

ALBUQUERQUE, NM 87122

Name:

Address:

City-St-Zip:

FILED Jan 11, 2008 Secretary of State

Entity Name: CMP, INC. **Current Principal Place of Business: New Principal Place of Business:** 901 LAMBERTON PL NE ALBUQUERQUE, NM 87107 US **Current Mailing Address: New Mailing Address:** 901 LAMBERTON PL NE ALBUQUERQUE, NM 87107 US FEI Number: 85-0449440 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: () Change () Addition USIAK, WAYNE Name: Name: 1118 LOMA LARGA RD Address: Address: City-St-Zip: CORRALES, NM 87048 City-St-Zip: Title: Title: () Delete (X) Change () Addition CAMPBELL, SEAN Name: Name: CAMPBELL, SEAN 4945 ROSEMARY DR. 4945 ROSEMARY DR. Address: Address: ALBUQUERQUE, NM ALBUQUERQUE, NM City-St-Zip: City-St-Zip: Title: Title: () Delete () Change () Addition GLADYSZ, PAUL Name: Name: 8209 EAGLEROCK AVE., NE Address: Address: City-St-Zip: ALBUQUERQUE, NM City-St-Zip: Title: () Delete Title: (X) Change () Addition

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.

Name:

Address:

City-St-Zip:

TIMMONS, RICHARD L

BOSQUE FARMS, NM 87068

595 SOLANO DR

SIGNATURE: SANDI CARR, VP OPERATIONS VPO 01/11/2008