2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N0000001256

Entity Name: RISS DIRECTORS ASSOCIATION, INC.

FILED Feb 02, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 2050 CENTRE POINTE BLVD. TALLAHASSEE, FL 32308 **Current Mailing Address: New Mailing Address:** P.O. BOX 12729 P.O. BOX 12729 TALLAHASSEE, FL 323172729 TALLAHASSEE, FL 32317 US FEI Number: 31-1719187 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: BUCKLEY, E. BRUCE 2050 CENTRE POINTE BLVD. TALLAHASSEE, FL 32308 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 **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete BORRELLI, PATRICIA A Name: Name: 1026 KINGSCOTE DRIVE Address: Address: City-St-Zip: HARLEYSVILLE, PA 19438 City-St-Zip: Title: () Delete Title: (X) Change () Addition KENNEDY, DONALD F Name: Name: KENNEDY, DONALD F Address: 140 TILLINGHAST ROAD Address: 140 TILLINGHAST ROAD City-St-Zip: COVENTRY, RI 02816 City-St-Zip: GREENE, RI 02827 Title: () Delete Title: () Change () Addition ROGERS, JAMES T Name: Name: 706 IRONWOOD DRIVE Address: Address: City-St-Zip: BOWLING GREEN, KY 42103 City-St-Zip: Title: () Delete Title: () Change () Addition Name: VINSON, JOHN E Name: 5538 W. MISTY WILLOW LN. Address: Address: City-St-Zip: GLENDALE, AZ 85310 City-St-Zip: Title: () Delete Title: () Change () Addition AUMOND, KAREN L Name: Name: 14180 RED ROCK COURT Address: Address: City-St-Zip: AUBURN, CA 95602 City-St-Zip: Title: () Delete Title: () Change () Addition SNAVELY, MICHAEL W Name: Name: Address: 3647 SOUTH BRITAIN AVENUE Address: SPRINGFIELD, MO 65807 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PATRICIA A. BORRELLI D 02/02/2007