


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 22, 2006 08:00 A
Secretary of State

DOCUMENT # N04000007350		
1. Entity Name STRATIS & REGUS FRANCHISEE ASSOCIATION, INC.		
Principal Place of Business 150 JFK PKWY STE 100 SHORT HILLS, NJ 07078	Mailing Address 150 JFK PKWY STE 100 SHORT HILLS, NJ 07078	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent KANOUSE, KEITH J ESQ ONE BOCA PL STE 324 ATRIUM 2255 GLADES RD BOCA RATON, FL 33431		DO NOT WRITE IN THIS SPACE
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. I am familiar with, and accept the obligations of registered agent.		
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
Filing Fee is \$61.25 Due by May 1, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	UN00000477752 04/06/06-80063-021 61 25
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P COHEN, JESSE 150 JFK PKWY STE 100 SHORT HILLS, NJ 07078	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V LENNER, ED 600 N. PINE ISLAND RD PLANTATION, FL 33324	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TS LAPIERRE, RAY 273 AZALEA RD TWO OFFICE PARK STE 300 MOBILE, AL 36609	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <u>Ray Lapierre</u> <u>RECEIVED 3/20/06 251-40-0296</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>		



02222006 No Chg-NP CR2E037 (11/05)

4. FEI Number 20-1426568	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	