

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000008705

FILED  
Jun 26, 2008  
Secretary of State

**Entity Name:** INTERNATIONAL SOCIETY OF CUSTOMER EXPERIENCE MANAGEMENT INC

**Current Principal Place of Business:**

13650 FIDDLESTICKS BLVD STE 202-284  
FT MYERS, FL 33912

**New Principal Place of Business:**

13130 WESTLINKS TERRACE  
SUITE 5  
FT MYERS, FL 33913

**Current Mailing Address:**

13650 FIDDLESTICKS BLVD STE 202-284  
FT MYERS, FL 33912

**New Mailing Address:**

13130 WESTLINKS TERRACE  
SUITE 5  
FT MYERS, FL 33913

**FEI Number:** 26-0794054      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

SWAN, LAWRENCE  
CALOOSEHATCHE TAX & FINANCIAL SERVICES INC  
709 CAPE CORAL PKWY WEST  
CAPE CORAL, FL 33914 US

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:**

Title: P ( ) Delete  
Name: SCHRIDER, MICHAEL  
Address: 13650 FIDDLESTICKS BLVD STE 202-284  
City-St-Zip: FT MYERS, FL 33912

Title: VPS ( ) Delete  
Name: SCHRIDER, KOLLEEN  
Address: 13650 FIDDLESTICKS BLVD STE 202-284  
City-St-Zip: FT MYERS, FL 33912

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: SCHRIDER, MICHAEL  
Address: 13130 WESTLINKS TERRACE, SUITE 5  
City-St-Zip: FT MYERS, FL 33913

Title: VPS (X) Change ( ) Addition  
Name: SCHRIDER, KOLLEEN  
Address: 13130 WESTLINKS TERRACE, SUITE 5  
City-St-Zip: FT MYERS, FL 33913

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL F. SCHRIDER

P

06/26/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date