## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08028

FILED Jan 08, 2008 Secretary of State

Entity Name: PALM BEACH CHAPTER OF THE CONSTRUCTION SPECIFICATIONS INSTITUTE, INC.

Current Pr	rincipal Place	of Business:		New Principal P	lace of Business:
23 THURS PALM BEA	TON DR. CH GARDENS	S, FL 33418	US		
Current Ma	ailing Address	s:		New Mailing Ad	dress:
23 THURS PALM BEA	TON DR. CH GARDENS	S, FL 33418	US		
FEI Number:	59-2556482	FEI Number A	applied For ( )	FEI Number Not Applicable (	) Certificate of Status Desired ( )
Name and	Address of Co	urrent Regis	tered Agent:	Name and Addre	ess of New Registered Agent:
SMITHE, LI 17976 VIA I JUPITER, F	RIO				
	named entity see of Florida.	ubmits this st	atement for the p	ourpose of changing its regis	stered office or registered agent, or both,
n the State	of Florida.	ubmits this st	atement for the p	ourpose of changing its regis	stered office or registered agent, or both,
	of Florida. RE:		atement for the p		Stered oπice or registered agent, or both,  Date
n the State	of Florida. RE:	c Signature o	·	ent	
n the State	of Florida.  RE: Electroni  S AND DIRECT	c Signature of  FORS:  Delete  L L  E DR	·	ent	Date
on the State SIGNATUR  OFFICERS  Title: Name: Address:	Electroni  AND DIRECT  P ()  KOMO, THELMA 2746 SE EAGLE  PORT ST LUCIE	c Signature o  FORS:  Delete L DR SPECIAL STATES STATES STATES  Delete NNE DUNES DR., UN	f Registered Ag	ent  ADDITIONS/CHA  Title: Name: Address:	Date ANGES TO OFFICERS AND DIRECTOR
on the State SIGNATUR  OFFICERS  Title: Name: Address: City-St-Zip:  Vame: Name: Address:	Electroni Electroni AND DIRECT P () KOMO, THELMA 2746 SE EAGLE PORT ST LUCIE V () EHMANN, P. DIA 6559 EMERALD WEST PALM BE	c Signature of FORS: Delete L L DELETE DELETE DELETE DUNES DR., UNEACH, FL 33411 Delete L L DELETE D	f Registered Ago	ent  ADDITIONS/CHA  Title: Name: Address: City-St-Zip:  Title: Name: Address:	Date ANGES TO OFFICERS AND DIRECTOR  ( ) 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID L. STYERS T 01/08/2008