## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N21373

FILED Jan 09, 2009 Secretary of State

Entity Name: CBMC INTERNATIONAL, INC.

**Current Principal Place of Business: New Principal Place of Business:** 1065 NORTH 115TH STREET, #210 OMAHA, NE 68154 **Current Mailing Address: New Mailing Address:** 1065 NORTH 115TH STREET, #210 OMAHA, NE 68154 FEI Number: 58-1744271 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: STINZIANO, JOHN L 5551 RIDGÉWOOD DRIVE STE. 555 NAPLES, FL 34108 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition MILLER, CHARLES Name: Name: 13797 SILVER CREEK PLACE Address: Address: City-St-Zip: ORO VALLEY, AZ 85737 City-St-Zip: Title: () Delete Title: () Change () Addition GARRISON, STEPHEN Name: Name: Address: 13421 MT. HOOD DRIVE Address: City-St-Zip: SANTA ANA, CA 92705 US City-St-Zip: Title: () Delete Title: () Change () Addition HWANG, SAM Name: Name: 550 TOWNSHIP LINE RD, STE 400 Address: Address: City-St-Zip: BLUE BELL, PA 19422 US City-St-Zip: Title: ( ) Delete Title: (X) Change ( ) Addition Name: MITCHELL, DON Name: MITCHELL, DON 2718 OLDE CYPRESS ROAD Address: 2756 LONG WINTER LANE Address: City-St-Zip: OAKLAND TOWNSHIP, MI 48636 US City-St-Zip: NAPLES, FL 34119 US Title: ( ) Delete Title: () Change () Addition JOHNSTON, JIM Name: Name: 29 PURDYSBURN HILL Address: Address: BELFAST BT88JY N. IRELAND, City-St-Zip: City-St-Zip: Title: () Delete Title: () Change () Addition MILLIGAN, ROBERT Name: Name: Address: 1065 N. 115TH ST., STE 210 Address: OMAHA, NE 68154 US City-St-Zip: City-St-Zip:

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: NICOLE BROWNELL MRS 01/09/2009