2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N39919

FILED Jan 31, 2006 Secretary of State

Entity Name: USS RANGER (CV-61) REUNION ASSOCIATION INC.

Current Principal Place of Business: New Principal Place of Business: 1740 DURHAM ROAD GUILFORD, CT 06437 **Current Mailing Address: New Mailing Address:** 1740 DURHAM ROAD GUILFORD, CT 06437 FEI Number: 59-3038213 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: SHEAR, ROBERT L 2600 MĆCORMICK DRIVE SUITE 230 CLEARWATER, FL 34619 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 MUZIO, JOHN Name: Name: PO BOX 2769 Address: Address: City-St-Zip: SANTA FE, NM 87504 City-St-Zip: Title: Title: () Delete () Change () Addition Name: BURKEY, GALE Name: Address: 4807 DEL PRADO ST Address: City-St-Zip: BONITA, CA City-St-Zip: Title: () Delete Title: () Change () Addition MEOLI, GEORGE Name: Name: 1740 DURHAM RD Address: Address: City-St-Zip: GUILFORD, CT City-St-Zip: Title: () Delete Title: () Change () Addition FITZPATRICK, WILLIAM, Name: Name: 10273 PRINCESS SARIT WAY Address: Address: City-St-Zip: SANTEE, CA City-St-Zip: Title: Title: () Delete () Change () Addition CHARPENTIER, DONALD Name: Name: 6812 CORRAL CIRCLE Address: Address: City-St-Zip: SARASOTA, FL 34243 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: GEORGE MEOLI ST 01/31/2006