2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000001297

Entity Name: THE IDCO CO-OP, INC.

Address:

Title:

Name:

Address:

City-St-Zip:

City-St-Zip:

TOLEDO, OH 43697

MCGILL, HARRY

41 BENTON DRIVE

() Delete

EAST LONGMEADOW, MA 01028

FILED Jaņ 1<u>9, 2</u>006 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 8359 BEACON BOULEVARD SUITE 410 FORT MYERS, FL 33907 **New Mailing Address: Current Mailing Address:** 8359 BEACON BOULEVARD SUITE 410 FORT MYERS, FL 33907 FEI Number: 59-3175374 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: LYONS, ROBERT A SANCTUARY POINT FORT MYERS, FL 33905 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 HECKLER, DAVID Name: Name: 1061 WEST JACKSON BOULEVARD Address: Address: City-St-Zip: CHICAGO, IL 60607 City-St-Zip: Title: () Delete Title: (X) Change () Addition MUNRO, ALLEN Name: AUSTER, KENNETH Name: Address: 735 SOUTH 7TH STREET Address: 238 NORTH 9TH STREET City-St-Zip: GRAND JUNCTION, CO 81502 City-St-Zip: BROOKLYN, NY 11211 Title: VΡ () Delete Title: S/T (X) Change () Addition AUSTER, KEN SUMMERS, MIKE Name: Name: Address: 238 NORTH 9TH STREET Address: 12555 BEREA ROAD City-St-Zip: BROOKLYN, NY 11211 City-St-Zip: CLEVELAND, OH 44111 Title: S/T () Delete Title: D (X) Change () Addition MC GILL, HARRY Name: SUMMERS, MIKE Name: 41 BENTON DRIVE Address: 12555 BEREA ROAD Address: City-St-Zip: CLEVELAND, OH 44111 City-St-Zip: EAST LONGMEADOW, MA 01028 Title: () Delete Title: (X) Change () Addition DERKIN, MARK HALL, DICK Name: Name: 247 MORRIS STREET 21 WEST COMMERCIAL STREET

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.

Address:

Title:

Name:

Address:

City-St-Zip:

City-St-Zip:

PORTLAND, ME 04112

820 CANNING PARKWAY

MURPHY, LINDA

VICTOR, NY 14564

(X) Change () Addition

SIGNATURE: ROBERT A. LYONS ED 01/19/2006