

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000001297

FILED
Jan 06, 2010
Secretary of State

Entity Name: THE IDCO CO-OP, INC.

Current Principal Place of Business:

428 DEL PRADO BLVD. NORTH
SUITE 107
CAPE CORAL, FL 33909 US

New Principal Place of Business:

Current Mailing Address:

428 DEL PRADO BLVD. NORTH
SUITE 107
CAPE CORAL, FL 33909 US

New Mailing Address:

FEI Number: 59-3175374 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LYONS, ROBERT A
428 DEL PRADO BLVD NORTH
SUITE 107
CAPE CORAL, FL 33909 US

Name and Address of New Registered Agent:

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: C
Name: SCHEININGER, JEFF
Address: 641 EAST ELIZABETH AVENUE
City-St-Zip: LINDEN, NJ 07036

Title: P
Name: LYONS, ROBERT A
Address: 428 DEL PRADO BLVD NORTH, SUITE 107
City-St-Zip: CAPE CORAL, FL 33909

Title: VP
Name: BOBACHER, EDWARD
Address: 130 SKYLINE DRIVE - PMB 154
City-St-Zip: RINGWOOD, NJ 07456

Title: VP
Name: AHUERO, DAN
Address: 3440 S. SAM HOUSTON PKWY-SUITE 300
City-St-Zip: HOUSTON, TX 77047

Title: S/T
Name: FOURNIER, MARK
Address: 601 LAFAYETTE STREET
City-St-Zip: NASHVILLE, TN 37203

Title: D
Name: BETZ, JIM
Address: 1111 SOUTH MAIN STREET
City-St-Zip: SOUTH BEND, IN 46601

I hereby 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 all other like empowered.

SIGNATURE: ROBERT A. LYONS

PRES

01/06/2010

_____ Electronic Signature of Signing Officer or Director

_____ Date