

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 11, 2003 8:00 am
Secretary of State

02-11-2003 90081 023 ****61.25

DOCUMENT # N94000003511

1. Entity Name
**CONSORTIUM OF DEVELOPMENTAL DISABILITIES COUNCIL
S, INC.**



Principal Place of Business: **124 MARRIOTT DR
SUITE 203
TALLAHASSEE FL 32301
US**

Mailing Address: **124 MARRIOTT DRIVE
SUITE 203
TALLAHASSEE FL 32301
US**

2. Principal Place of Business: Suite, Apt. #, etc.
City & State: Zip Country

3. Mailing Address: Suite, Apt. #, etc.
City & State: Zip Country

4. FEI Number **74-2730184** Applied For: Not Applicable.

5. Certificate of Status Desired **\$8.75** Additional Fee Required



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent
**KRIEGER, K. JOSEPH
124 MARRIOTT DRIVE
SUITE 203
TALLAHASSEE FL 32301-2600**

7. Name and Address of New Registered Agent
Name: Street Address (P.O. Box Number is Not Acceptable): City: **FL** Zip Code:

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: _____ DATE: _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: TD NAME: TRUDGEON, ANN STREET ADDRESS: 2401 NW 23RD ST STE 74 CITY-ST-ZIP: OKLAHOMA CITY OK 73107	<input type="checkbox"/> Delete	TITLE: PD NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: VD NAME: NEWSOM, JAN STREET ADDRESS: 6040 PRESTON HAVEN CITY-ST-ZIP: DALLAS TX 75230	<input checked="" type="checkbox"/> Delete	TITLE: VD NAME: Graham Mullholland STREET ADDRESS: 569 Forum Bldg CITY-ST-ZIP: Harrisburg, PA 17120	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: PD NAME: PARSONS, BRIAN STREET ADDRESS: 202 NORTH 9TH STREET CITY-ST-ZIP: RICHMOND VA 23219	<input checked="" type="checkbox"/> Delete	TITLE: TD NAME: Roger Webb STREET ADDRESS: 6201 E. Oltorf CITY-ST-ZIP: Austin, TX 78741	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: SD NAME: CHANG, BETHEL STREET ADDRESS: 801 SILVER LAKE PLACE CITY-ST-ZIP: DOVER DE 19904	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **SIGNATURE REQUIRED** *Roger A. Webb* **Feb 4, 2003** **512-457-5440**

CR2E037 (10/02)