2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 11, 2008
Secretary of State

DOCUMENT# N96000002707

Entity Name: CORNERSTONE ASSOCIATION, INC.

Current Principal Place of Business:

1980 POST OAK BLVD., SUITE 1600
HOUSTON, TX 77056 US

New Principal Place of Business:

Current Mailing Address:

1980 POST OAK BLVD., SUITE 1600
HOUSTON, TX 77056 US

New Mailing Address:

FEI Number: 65-0619957 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CAPITOL CORPORATE SERVICES, INC.
155 OFFICE PLAZA DRIVE
SUITE A
TALLAHASSEE, FL 32301 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:	P/D	( ) Delete
Name:	PATRINELY, DEAN	
Address:	1980 POST OAK BLVD., SUITE 1600	
City-St-Zip:	HOUSTON, TX 77056	
Title:	V/D	( ) Delete
Name:	O'DONNELL, LEONARD J	
Address:	7475 WISCONSIN AVE., SUITE 1150	
City-St-Zip:	BETHESDA, MD 20814	
Title:	S/D	( ) Delete
Name:	NICHOLLS, MICHAEL E	
Address:	1980 POST OAK BLVD., SUITE 1600	
City-St-Zip:	HOUSTON, TX 77056	
Title:	T/D	( ) Delete
Name:	PFILE, JR., L. E	
Address:	1980 POST OAK BLVD., SUITE 1600	
City-St-Zip:	HOUSTON, TX 77056	
Title:	D	( ) Delete
Name:	JAMES, KENDRICK A	
Address:	1980 POST OAK BLVD., SUITE 1600	
City-St-Zip:	HOUSTON, TX 77056	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
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: LEROY E. PFILE, JR. VP 01/11/2008

Electronic Signature of Signing Officer or Director — Date