2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000003387

FILED Mar 01, 2006 Secretary of State

Entity Name: INTERNATIONAL ASSOCIATION OF LEMON LAW ADMINISTRATORS, INC.

Current Principal Place of Business: New Principal Place of Business:

439 MERLIN WAY TALLAHASSEE, FL 32301

Current Mailing Address: New Mailing Address:

439 MERLIN WAY TALLAHASSEE, FL 32301

FEI Number: 59-3454873 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:

SMITH, JANET L 439 MÉRLIN WAY

TALLAHASSEE, FL 32301 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 (X) Change () Addition GIULIETTI, MARK A SKAAR, CATHY Name: Name:

4802 SHEBOYGAN AVE., ROOM 806 Address: 165 CAPITOL AVENUE Address:

City-St-Zip: MADISON, WI 53707 City-St-Zip: HARTFORD, CT 06106

Title: Title: (X) Change () Addition () Delete

CHAVEZ, RACHEL Name: CHAVEZ, RACHEL Name:

Address: 401 S ST STE 201 Address: 1625 NORTH MARKET BLVD STE N-112 City-St-Zip: SACRAMENTO, CA 95814 City-St-Zip: SACRAMENTO, CA 95834

Title: VPD () Delete Title: SD (X) Change () Addition

BRUNKE, L. DAVID LUM-MEW, BOBBI Name: Name:

235 S BERETANIA ST 9TH FLOOR 200 E. RIVERSIDE DR., BLDG. 150 Address: Address:

City-St-Zip: AUSTIN, TX 78704 City-St-Zip: HONOLULU, HI 96813

Title: PD () Delete Title: VPD (X) Change () Addition

Name: CORNING, PAUL Name: CORNING, PAUL

900 FOURTH AVE, SUITE 2000 900 FOURTH AVE, STE 2000 Address: Address: City-St-Zip: SEATTLE, WA 98164 City-St-Zip: SEATTLE, WA 98164

Title: VPD () Delete Title: (X) Change () Addition SMITH, JANET L SMITH, JANET L Name: Name: 439 MERLIN WAY 439 MERLIN WAY Address: Address: City-St-Zip: TALLAHASSEE, FL 32301 City-St-Zip: TALLAHASSEE, FL 32301

Title: () Delete Title: (X) Change () Addition LIESE, PAULINE A LIESE, PAULINE A Name: Name: Address: 118 STATE STEET DRAWER 20 Address: 120 STATE STREET MONTPELIER, VT 05620 City-St-Zip: MONTPELIER, VT 05603 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: JANET L. SMITH TD 03/01/2006