

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000003387

FILED  
Feb 04, 2007  
Secretary of State

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

**Current Principal Place of Business:**

439 MERLIN WAY  
TALLAHASSEE, FL 32301

**New Principal Place of Business:**

**Current Mailing Address:**

439 MERLIN WAY  
TALLAHASSEE, FL 32301

**New Mailing Address:**

**FEI Number:** 59-3454873      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SMITH, JANET L  
439 MERLIN WAY  
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: VPD      ( ) Delete  
Name: GIULIETTI, MARK A  
Address: 165 CAPITOL AVENUE  
City-St-Zip: HARTFORD, CT 06106

Title: PD      ( ) Delete  
Name: CHAVEZ, RACHEL  
Address: 1625 NORTH MARKET BLVD STE N-112  
City-St-Zip: SACRAMENTO, CA 95834

Title: SD      ( ) Delete  
Name: LUM-MEW, BOBBI  
Address: 235 S BERETANIA ST 9TH FLOOR  
City-St-Zip: HONOLULU, HI 96813

Title: VPD      ( ) Delete  
Name: CORNING, PAUL  
Address: 900 FOURTH AVE, STE 2000  
City-St-Zip: SEATTLE, WA 98164

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

Title: VPD      ( ) Delete  
Name: LIESE, PAULINE A  
Address: 120 STATE STREET  
City-St-Zip: MONTPELIER, VT 05603

**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:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
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

02/04/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date