


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

<b>DOCUMENT # F93000005197</b> 1. Entity Name <b>SERVICE CONTRACT INDUSTRY COUNCIL, INC.</b>	
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Principal Place of Business 204 SOUTH MONROE STREET TALLAHASSEE, FL 32301	Mailing Address 204 SOUTH MONROE STREET TALLAHASSEE, FL 32301
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2. Principal Place of Business	3. Mailing Address	4. FEI Number <b>59-3190625</b>	Applied For <input type="checkbox"/> Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
City & State	City & State	01242006 Chg-NP CR2E037 (11/05)	
Zip	Country	Zip	Country

FILED

06 JAN 31 PM 3:05

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



<b>6. Name and Address of Current Registered Agent</b>  MEENAN, TIMOTHY J 204 SOUTH MONROE STREET TALLAHASSEE, FL 32301	<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;">FL</span> Zip Code
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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)

<b>Filing Fee is \$61.25 Due by May 1, 2006</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>Make check payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PD <input type="checkbox"/> Delete BROOKS, R. STEVEN 6303 BLUE LAGOON DR., STE. 225 MIAMI, FL 33126	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>500065566795</b> 02/10/06--01021--002 **\$61.25
NAME	D <input type="checkbox"/> Delete LIGHTFOOT, MARK 860 RIDGE LAKE BLVD, STE G100 MEMPHIS ESTATES, TN 38120	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	D <input checked="" type="checkbox"/> Delete CHAMELI, DAVID 3333 BEVERLY RD., BC-129A HOFFMAN ESTATES, IL 60179	STREET ADDRESS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Simrun Gialleonardo 22660 Executive Drive, Suite 122 Sterling, VA 20166
CITY-ST-ZIP	<input type="checkbox"/> Delete	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP	<input type="checkbox"/> Delete	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP	<input type="checkbox"/> Delete	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP	<input type="checkbox"/> Delete	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 exemptions contained 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 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]* Date 1-26-06 Telephone # 850-681-6710

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR