

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 818481

FILED
Jan 24, 2008
Secretary of State

Entity Name: W.S. NEWELL INCORPORATED

Current Principal Place of Business:

P.O.BOX 241327
MONTGOMERY, AL 36124

New Principal Place of Business:

10480 HIGHWAY 80 EAST
MONTGOMERY, AL 36117

Current Mailing Address:

P.O.BOX 241327
MONTGOMERY, AL 36124

New Mailing Address:

FEI Number: 63-0453037 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BACON, EARL
1602 W. PLAZA DR.
EASTWOOD OFFICE PLAZA
TALLAHASSEE, FL 32302 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: NEWELL, W S,
Address: 10480 HIGHWAY 80 EAST
City-St-Zip: MONTGOMERY, AL 36117

Title: VP () Delete
Name: SAM NEWELL,
Address: 10480 HIGHWAY 80 EAST
City-St-Zip: MONTGOMERY, AL 36117

Title: VP () Delete
Name: KEITH NEWELL,
Address: 10480 HIGHWAY 80 EAST
City-St-Zip: MONTGOMERY, AL 36177

Title: S () Delete
Name: NEWELL, SADIE P,
Address: 10480 HIGHWAY 80 EAST
City-St-Zip: MONTGOMERY, AL 36117

Title: VD () Delete
Name: NEWELL, D K,
Address: US 80 E
City-St-Zip: MONTGOMERY, AL

Title: AS () Delete
Name: DERICKSON, T M,
Address: US 80 E
City-St-Zip: MONTGOMERY, AL

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 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: W S NEWELL

P

01/24/2008

Electronic Signature of Signing Officer or Director

_____ Date