


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 21, 2005 8:00 am**  
**Secretary of State**

03-21-2005 90104 040 \*\*\*150.00

**DOCUMENT # F0100000417**

1. Entity Name  
**WEIGHT WATCHERS NORTH AMERICA, INC.**



Principal Place of Business      Mailing Address  
**175 CROSSWAYS PARK WEST**      **175 CROSSWAYS PARK WEST**  
**WOODBURY NY 11797**      **WOODBURY NY 11797**

2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

4. FEI Number      Applied For  
**52-1656141**      Not Applicable

5. Certificate of Status Desired       **\$8.75 Additional Fee Required**



1st MOORE      CR2E034 (10/04)

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY**  
**1201 HAYS STREET**  
**TALLAHASSEE FL 32301-2525**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City      **FL**      Zip Code

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.       **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS		
TITLE	PCD	<input type="checkbox"/> Delete
NAME	HUETT, LINDA	
STREET ADDRESS	175 CROSSWAYS PARK WEST	
CITY-ST-ZIP	WOODBURY NY 11797	
TITLE	VSD	<input type="checkbox"/> Delete
NAME	HOLLWEG, ROBERT W	
STREET ADDRESS	175 CROSSWAYS PARK WEST	
CITY-ST-ZIP	WOODBURY NY 11797	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	MALLOW, ROBERT	
STREET ADDRESS	175 CROSSWAYS PARK WEST	
CITY-ST-ZIP	WOODBURY NY 11797	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 607, 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:** *Robert W Hollweg VPA Sec*      2/14/05      516 390 1400

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #