


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 23, 2007 8:00 am
Secretary of State

07-23-2007 90040 014 ***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 - No P.O. Box # 3. Mailing Address

300 Jericho Quadrangle **300 Jericho Quadrangle**

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


350 **350**

City & State City & State

Jericho, NY **Jericho, NY**

Zip Country Zip Country

11753 **USA** **11753** **USA**



07032007 Chg-P CR2E034 (12/06)

4. FEI Number Applied For

52-1656141 Not Applicable

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

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 _____ DATE _____

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	PCD	<input checked="" type="checkbox"/> Delete
NAME	HUETT, LINDA	
STREET ADDRESS	175 CROSSWAYS PARK WEST	
CITY-ST-ZIP	WOODBURY, NY 11797	
TITLE	VSD	<input checked="" type="checkbox"/> Delete
NAME	HOLLWEG, ROBERT W	
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	PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	David Kirchhoff	
STREET ADDRESS	300 Jericho Quadrangle Ste 350	
CITY-ST-ZIP	Jericho, NY 11753	
TITLE	Secy	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Jeffrey A. Farman	
STREET ADDRESS	300 Jericho Quadrangle Ste 350	
CITY-ST-ZIP	Jericho, NY 11753	
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 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 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: Jeffrey A. Farman Date: July 12, 2007

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