

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F95000002990

FILED  
Jan 27, 2012  
Secretary of State

Entity Name: WD PARTNERS, INC.

**Current Principal Place of Business:**

7007 DISCOVERY BLVD.  
DUBLIN, OH 43017

**New Principal Place of Business:**

**Current Mailing Address:**

7007 DISCOVERY BLVD.  
DUBLIN, OH 43017

**New Mailing Address:**

FEI Number: 31-1451869

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

NRAI SERVICES, INC.  
515 E. PARK AVENUE  
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: PD  
Name: DOERSCHLAG, CHRISTOPHER  
Address: 7007 DISCOVERY BLVD  
City-St-Zip: DUBLIN, OH 43017

Title: TR  
Name: DOERSCHLAG, CHRISTOPHER  
Address: 7007 DISCOVERY BLVD  
City-St-Zip: DUBLIN, OH 43017

Title: SEC  
Name: DOERSCHLAG, CHRISTOPHER  
Address: 7007 DISCOVERY BLVD  
City-St-Zip: DUBLIN, OH 43017

Title: DIR  
Name: DOERSCHLAG, WOLFGANG  
Address: 7007 DISCOVERY BLVD.  
City-St-Zip: DUBLIN, OH 43017

Title: DIR  
Name: DOERSCHLAG, CHRISTOPHER  
Address: 7007 DISCOVERY BLVD.  
City-St-Zip: DUBLIN, OH 43017

Title: VP  
Name: KHALILIEH, SAM  
Address: 7007 DISCOVERY BLVD.  
City-St-Zip: DUBLIN, OH 43017

I hereby 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 all other like empowered.

SIGNATURE: CHRISTOPHER DOERSCHLAG

PRES

01/27/2012

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date