


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 27, 2006 8:00 am
Secretary of State

07-27-2006 90016 029 ****70.00

DOCUMENT # F96000003373 1. Entity Name EXPERIENCE WORKS, INC.					
Principal Place of Business 2200 CLARENDON BLVD. SUITE 1000 ARLINGTON, VA 22201			Mailing Address 2200 CLARENDON BLVD. SUITE 1000 ARLINGTON, VA 22201		
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 52-0817955	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent SIMPSON, MADALINE 1079 ATLANTIC BLVD. SUITE #2 ATLANTIC BEACH, FL 32233				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;">FL</div> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES WALSH, EILEEN <input checked="" type="checkbox"/> Delete 2200 CLARENDON BLVD., SUITE 1000 ARLINGTON, VA 22201		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Acting President/CEO <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Sally Boofer 2200 Clarendon BLVD., STE. 1000 Arlington, VA 22201 <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIR CARPENTER, CY <input type="checkbox"/> Delete 8200 PORTLAND AVENUE SOUTH MINNEAPOLIS, MN 55420		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC RANDEL, ELLEN F <input type="checkbox"/> Delete 2200 CLARENDON BLVD., SUITE 1000 ARLINGTON, VA 22201		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO RAE, ROSEMARIE <input checked="" type="checkbox"/> Delete 2200 CLARENDON BLVD., SUITE 1000 ARLINGTON, VA 22201		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Controller <input type="checkbox"/> Change <input type="checkbox"/> Addition Florie Munz 2200 Clarendon BLVD., STE. 1000 Arlington, VA 22201 <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIR KLUTTS, PHILLIP <input type="checkbox"/> Delete 502 SOUTH 7TH STREET OKEMAH, OK 74859		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIR TOFTOY, CHARLES <input type="checkbox"/> Delete 3800 24TH STREET NORTH ARLINGTON, VA 22207		TITLE NAME STREET ADDRESS 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: Ellen F. Randel <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			7/19/06 <small>Date</small>		703.522.7272 <small>Daytime Phone #</small>

ATTACHMENT

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EXPERIENCE WORKS, INCORPORATED OFFICERS

2006

OFFICERS RESIDENTIAL BUSINESS

Sally Boofer V.P. for Program Operations Acting President and CEO	2386 Branleigh Park Court Reston, VA 20191 703.716.9643 Telephone	Experience Works, Inc. 2200 Clarendon, Blvd. Suite 1000 Arlington, VA 22101 703.522.7272 Telephone 703.522.0141 Facsimile
Ellen F. Randel VP, General Counsel and Corporate Secretary	1232 Dartmouth Road Alexandria, VA 22314 703.751.9891 Telephone	Experience Works, Inc. 2200 Clarendon, Blvd. Suite 1000 Arlington, VA 22101 703.522.7272 Telephone 703.522.0141 Facsimile
Martin Rome VP for Strategic Communications	15118 Gravenstein Way North Potomac, MD 20878	Experience Works, Inc. 2200 Clarendon, Blvd. Suite 1000 Arlington, VA 22101 703.522.7272 Telephone 703.522.0141 Facsimile
Florie Munz Comptroller	1872 Middlebridge Drive Silver Spring, MD 20906 705.871.8511	Experience Works, Inc. 2200 Clarendon, Blvd. Suite 1000 Arlington, VA 22101 703.522.7272 Telephone 703.522.0141 Facsimile

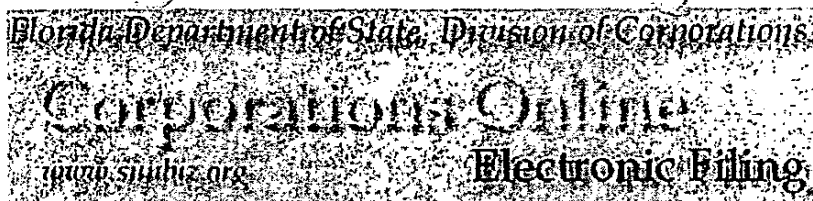
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EXPERIENCE WORKS, INCORPORATED BOARD OF DIRECTORS

2006

Mr. Phillip Klutz Chairman	502 South 7 th Street Okemah, OK 74859 918.623-1309 Telephone 918.623.1309 Facsimile 918.623.8486 Cellular	NONE (Retired) phillipklutz@sbcglobal.net EMAIL
Mr. Cy Carpenter (Cyril Hilary Carpenter)	8200 Portland Avenue Minneapolis, MN 55402 952.888.0345 Telephone 952.888.0345 Facsimile	NONE (Retired)
Dr. Charles Toftoy	3800 24 th Street, North Arlington, VA 22207 703.522.5032 Telephone 703.522.6186 Facsimile	George Washington University School of Business and Public Management (SBPM) 2115 G. Street, N.W. Monroe Hall #403 Washington, D.C. 20052 202.994.4935 Telephone 202. 994.4930 Facsimile casb@gwu.edu
Ms. Ruth Ann Wefald	100 Wilson Court Manhattan, KS 66502 785.539.2412 Telephone 785.532.1400 Facsimile 785.565.8243 Cellular 218.678.2233 MN	Office of the President Kansas State University 110 Anderson Hall Manhattan, KS 66508 785.532.6621 Telephone 785. 532.2800 Facsimile Ruthann@ksu.edu EMAIL



Online Payment System

Please Confirm Billing Information

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Transaction Amount: \$61.25

Email Address: d.anne_ferdinand@experienceworks.org
Billing Name: ELLEN RANDEL
Billing Address: 2200 CLARENDON BLVD SUITE 1000
Billing City: ARLINGTON
Billing State: VA
Billing Zip: 22201-3381
Billing Phone Number: 7035227272

Payment Method: Visa
Credit Card Number: 4024511000571604
Credit Card Expiration Date: 03/2008

Important Notice: Clicking the "Pay Now" button below more than one time may result in multiple charges to your account. Please click on the "Pay Now" button only one time. Please be patient. Your order is being processed.

Back

Pay Now



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July 21, 2006

Florida Department of State
Division of Corporations
P.O. Box 6198
Tallahassee, FL 32314-6198

VIA CERTIFIED MAIL

RE: Experience Works, Inc. Annual Report
FEI Number 52-0817955

Dear Sir/Madam:

Please find enclosed for 2006 filing, Non-Profit Corporation Annual Report. Consultation with claims examiner on July 7, 2006 confirmed that attempts to file on line February 15, failed due to technical difficulties; electronic credit card transaction had not been executed. A check remittance in the amount of \$70.00 for filing fee and Certificate of Status has been included with the Non-Profit Corporation Annual Report.

If any questions, I can be reached at 703.522.7272, ext. 3084 or via email at terri_twyman@experienceworks.org.

Sincerely,

Terri L. Twyman
Paralegal to
Ellen F. Randel, Esq.
Vice President, General Counsel and
Corporate Secretary

Enclosures