2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F96000003373

Entity Name: EXPERIENCE WORKS, INC.

FILED Apr 05, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

2200 CLARENDON BLVD. **SUITE 1000** ARLINGTON, VA 22201

New Mailing Address: Current Mailing Address:

2200 CLARENDON BLVD. SUITE 1000 ARLINGTON, VA 22201

FEI Number: 52-0817955 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

SIMPSON, MADALINE SMITH-FISCHER, BARBARA 1079 ATLANTIC BLVD. 1079 ATLANTIC BLVD.

SUITE #2 SUITE #2

ATLANTIC BEACH, FL 32233 US ATLANTIC BEACH, FL 32233 US

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: BARBARA SMITH-FISCHER 04/05/2007

> Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

CEOP () Delete (X) Change () Addition BOOFER, SALLY METZLER, CYNTHIA Name: Name: 2200 CLAREDON BLVD SUITE 1000 Address: 2200 CLAREDON BLVD SUITE 1000 Address: ARLINGTON, VA 22201 US City-St-Zip: ARLINGTON, VA 22201 US City-St-Zip:

Title: DIR Title: ASTR (X) Change () Addition () Delete

CARPENTER, CY Name: MUNZ, FLORIE Name:

Address: 8200 PORTLAND AVENUE SOUTH Address: 2200 CLARENDON BLVD., SUITE 1000

City-St-Zip: MINNEAPOLIS, MN 55420 US City-St-Zip: ARLINGTON, VA 22201 US

Title: SEC () Delete Title: (X) Change () Addition

RANDEL, ELLEN F Name: BOOFER, SALLY Name:

2200 CLARENDON BLVD., SUITE 1000 2200 CLARENDON BLVD., SUITE 1000 Address: Address: City-St-Zip: ARLINGTON, VA 22201 US City-St-Zip: ARLINGTON, VA 22201 US

Title: C Title: SEC (X) Change () Addition () Delete

Name: MUNZ, FLORIE Name: WEFALD, RUTH ANN

2200 CLARENDON BLVD., SUITE 1000 Address: Address: 100 WILSON COURT City-St-Zip: ARLINGTON, VA 22201 US City-St-Zip: MANHATTAN, KS 66502 US

Title: DIR () Delete Title: () Change () Addition

KLUTTS, PHILLIP Name: Name: 502 SOUTH 7TH STREET Address: Address: City-St-Zip: OKEMAH, OK 74859 US City-St-Zip:

Title: () Delete Title: () Change () Addition

TOFTOY, CHARLES Name: Name: Address: 3800 24TH STREET NORTH Address: ARLINGTON, VA 22207 US City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: FLORIE MUNZ **ASTR** 04/05/2007