


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2008 08:00 AM
Secretary of State

DOCUMENT # F99000001689 1. Entity Name WEATHER SERVICES INTERNATIONAL, INC.	
--	---

Principal Place of Business 400 MINUTEMAN ROAD ANDOVER, MA 01810-1093	Mailing Address 400 MINUTEMAN ROAD ANDOVER, MA 01810-1093
---	---



04182008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 04-2661930	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324
--

DO NOT WRITE IN THIS SPACE

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 _____
Signature, typed or printed name of registered agent and title if applicable

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	U00000939722 05/28/08-80038-010 150.00
--	---

10. OFFICERS AND DIRECTORS	
TITLE	VPSD
NAME	FRIDDELL, III, GUY
STREET ADDRESS	150 WEST BRAMBLETON AVE
CITY-ST-ZIP	NORFOLK, VA 23510
TITLE	DC
NAME	ANSTROM, DECKER
STREET ADDRESS	150 W BRAMBLETON AVE
CITY-ST-ZIP	NORFOLK, VA 23510
TITLE	P
NAME	GILDERSLEEVE, MARK
STREET ADDRESS	400 MINUTEMAN RD
CITY-ST-ZIP	ANDOVER, MA 01810
TITLE	AS
NAME	GOETZ, SUSAN
STREET ADDRESS	150 W BRAMBLETON AVE
CITY-ST-ZIP	NORFOLK, VA 23510
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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 Susan S. Goetz Susan S. Goetz 4/18/08 757-446-2013
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #