

2015 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED

DOCUMENT# F08000002199

Feb 12, 2015

Entity Name: THE WFG FOUNDATION, INC.

Secretary of State

CC5322285208

Current Principal Place of Business:

11315 JOHNS CREEK PARKWAY
JOHNS CREEK, GA 30097

Current Mailing Address:

11315 JOHNS CREEK PARKWAY
JOHNS CREEK, GA 30097

FEI Number: 82-0557271

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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:

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title D
Name MYLETT, EDWARD
Address 11315 JOHNS CREEK PARKWAY
City-State-Zip: JOHNS CREEK GA 30097

Title D
Name NGUYEN, XUAN T
Address 2099 GOLD STREET, SUITE 100
City-State-Zip: ALVISO CA 95002

Title D
Name OOI, PENNEY N
Address 7031 KOLL CENTER PARKWAY, SUITE 100-P
City-State-Zip: PLEASANTON CA 94566

Title S
Name EASLEY, LEESA M.
Address 11315 JOHNS CREEK PARKWAY
City-State-Zip: JOHNS CREEK GA 30097

Title T
Name SHEPHERD, CARYL P
Address 11315 JOHNS CREEK PARKWAY
City-State-Zip: JOHNS CREEK GA 30097

Title P, DIRECTOR
Name DAVIES, KENT H
Address 11315 JOHNS CREEK PARKWAY
City-State-Zip: JOHNS CREEK GA 30097

Title DIRECTOR
Name DIPAOLO, JOE
Address 11315 JOHNS CREEK PARKWAY
City-State-Zip: JOHNS CREEK GA 30097

Title DIRECTOR
Name LINDER, JACK D
Address 555 HWY 190 E
City-State-Zip: LAMPASAS TX 76550

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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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: LEESA M. EASLEY

SECRETARY

02/12/2015

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name THAWLEY, RICHARD S
Address 931 W. WOODBRIDGE RD.
City-State-Zip: LODI CA 95242