## 2017 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F96000003373

Entity Name: EXPERIENCE WORKS, INC.

**Current Principal Place of Business:** 

4401 WILSON BLVD., SUITE 1100 ARLINGTON. VA 22203-4196

**Current Mailing Address:** 

4401 WILSON BLVD., SUITE 1100 ARLINGTON, VA 22203-4196

FEI Number: 52-0817955 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

HENDRIX, EILEEN 2018 DYREHAVEN DRIVE TALLAHASSEE, FL 32317 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: EILEEN HENDRIX 05/09/2017

Electronic Signature of Registered Agent Date

Officer/Director Detail:

Title PRESIDENT AND CEO Title BOARD CHAIRMAN, DIRECTOR

Name BOOFER, SALLY A. Name NOONAN, ROGER

Address 4401 WILSON BLVD., SUITE 1100 Address 4401 WILSON BLVD., SUITE 1100

City-State-Zip: ARLINGTON VA 22203-4196 City-State-Zip: ARLINGTON VA 22203-4196

Title VICE CHAIR, DIRECTOR Title TREASURER, DIRECTOR

Name VELDE, DAVID Name MILLER, WILLIAM

Address 4401 WILSON BLVD., SUITE 1100 Address 4401 WILSON BLVD., SUITE 1100

City-State-Zip: ARLINGTON VA 22203-4196 City-State-Zip: ARLINGTON VA 22203-4196

Title SECRETARY, DIRECTOR Title DIRECTOR

Name WYRSCH, MARY ANN Name METZLER, CYNTHIA

Address 4401 WILSON BLVD., SUITE 1100 Address 4401 WILSON BLVD., SUITE 1100

City-State-Zip: ARLINGTON VA 22203-4196 City-State-Zip: ARLINGTON VA 22203-4196

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: SALLY A BOOFER PRESIDENT/CEO 05/09/2017

FILED May 09, 2017

**Secretary of State** 

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