

**2019 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F99000001689

**Entity Name:** WEATHER SERVICES INTERNATIONAL, INC.

**Current Principal Place of Business:**

400 MINUTEMAN ROAD  
ANDOVER, MA 01810

**Current Mailing Address:**

400 MINUTEMAN ROAD  
ANDOVER, MA 01810 US

**FEI Number:** 04-2661930

**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 ASST. TREASURER  
Name BARZELATTO, ELIZABETH  
Address 1 NEW ORCHARD ROAD  
City-State-Zip: ARMONK NY 10504

Title ASST. TREASURER  
Name HOBBERT, MARK  
Address 1 NEW ORCHARD ROAD  
City-State-Zip: ARMONK NY 10504

Title T  
Name BEAUMONT, SIMON J  
Address 1 NEW ORCHARD ROAD  
City-State-Zip: ARMONK NY 10504

Title S  
Name WHITE, ANDREW  
Address 1 ROGERS STREET  
City-State-Zip: CAMBRIDGE MA 02142

Title P  
Name CLAYTON, CAMERON  
Address 1001 PERIMETER SUMMIT BLVD.  
City-State-Zip: BROOKHAVEN GA 30319

Title D  
Name BOMBERGER, GREGORY C  
Address 6283 FM 1152  
City-State-Zip: SEYMOUR TX 76380

Title VP, TAX  
Name BOEHRINGER, LAURA  
Address ONE NORTH CASTLE DRIVE  
City-State-Zip: ARMONK NY 10504

Title DIRECTOR  
Name COSMO, NISTA L  
Address ONE NEW ORCHARD ROAD  
City-State-Zip: ARMONK NY 10504

**Continues on page 2**

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

**SIGNATURE:** NANCY A. JOHNSON

**ASSISTANT SECRETARY**

**04/03/2019**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title           DIRECTOR  
Name           KEVIN, REARDON J.  
Address        ONE NEW ORCHARD ROAD  
City-State-Zip: ARMONK NY 10504

Title           ASSISTANT SECRETARY  
Name           JOHNSON, NANCY A.  
Address        71 S. WACKER DRIVE, 7TH FLOOR  
City-State-Zip: CHICAO IL 60606