


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 18, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # 818481**  
 1. Entity Name  
 W.S. NEWELL INCORPORATED



Principal Place of Business  
 P.O. BOX 241327  
 MONTGOMERY, AL 36124

Mailing Address  
 P.O. BOX 241327  
 MONTGOMERY, AL 36124

**DO NOT WRITE IN THIS SPACE**



01112005 No Chg-P CR2E034 (10/03)

4. FEI Number  
 63-0453037 Applied For  
 Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BACON, EARL  
 1602 W. PLAZA DR.  
 EASTWOOD OFFICE PLAZA  
 TALLAHASSEE, FL 32302

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	NEWELL, W S
STREET ADDRESS	10480 HIGHWAY 80 EAST
CITY-ST-ZIP	MONTGOMERY, AL 36117
TITLE	VP
NAME	SAM NEWELL
STREET ADDRESS	10480 HIGHWAY 80 EAST
CITY-ST-ZIP	MONTGOMERY, AL 36117
TITLE	VP
NAME	KEITH NEWELL
STREET ADDRESS	10480 HIGHWAY 80 EAST
CITY-ST-ZIP	MONTGOMERY, AL 36177
TITLE	S
NAME	NEWELL, SADIE P
STREET ADDRESS	10480 HIGHWAY 80 EAST
CITY-ST-ZIP	MONTGOMERY, AL 36117
TITLE	VD
NAME	NEWELL, D K
STREET ADDRESS	US 80 E
CITY-ST-ZIP	MONTGOMERY, AL
TITLE	AS
NAME	DERICKSON, T M
STREET ADDRESS	US 80 E
CITY-ST-ZIP	MONTGOMERY, AL

**DO NOT WRITE IN THIS SPACE**

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 01/19/05-80051-008 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 this 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 filers empowered.

SIGNATURE: W.S. Newell Pres. 1-11-2005  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #