


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Jan 11, 2006 08:00 AM  
Secretary of State

DOCUMENT # 818481 1. Entity Name W.S. NEWELL INCORPORATED	
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Principal Place of Business P.O. BOX 241327 MONTGOMERY, AL 36124	Mailing Address P.O. BOX 241327 MONTGOMERY, AL 36124
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01052006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 63-0453037	Applied For Not Applicable
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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

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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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$350.00**

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 36117

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

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01/12/06-80010-007 150.00

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-5-05