

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 847421

FILED
Mar 18, 2009
Secretary of State

Entity Name: THE WAY INTERNATIONAL, INC.

Current Principal Place of Business:

5555 WIERWILLE RD.
NEW KNOXVILLE, OH 45871

New Principal Place of Business:

Current Mailing Address:

5555 WIERWILLE RD.
NEW KNOXVILLE, OH 45871

New Mailing Address:

FEI Number: 34-4440110

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STUTZ, JOSEPH M
302 MOFFAR LOOP
OVIEDO, FL 327656257 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: STD () Delete
Name: JEAN-YVES, DE LISLE REV
Address: 5555 WIERWILLE RD.
City-St-Zip: NEW KNOXVILLE, OH 45871

Title: PD () Delete
Name: RIVENBARK, ROSALIE F REV
Address: 5555 WIERWILLE RD.
City-St-Zip: NEW KNOXVILLE, OH 45871

Title: VPD () Delete
Name: MCFADDEN, VINCENT C REV
Address: 606 COUNTY RD 9
City-St-Zip: GUNNISON, CO 81230

Title: VPD () Delete
Name: MITTLER, ROGER L REV
Address: 5555 WIERWILLE RD.
City-St-Zip: NEW KNOXVILLE, OH 45871

Title: VPD () Delete
Name: RUPP, JOHN A REV
Address: 5555 WIERWILLE RD.
City-St-Zip: NEW KNOXVILLE, OH 45871

Title: CFO () Delete
Name: FREDERICK, GARY W MR
Address: 5555 WIERWILLE RD.
City-St-Zip: NEW KNOXVILLE, OH 45871

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VPD (X) Change () Addition
Name: MCFADDEN, VINCENT C REV
Address: 5555 WIERWILLE ROAD
City-St-Zip: NEW KNOXVILLE, OH 45871

Title: D (X) Change () Addition
Name: MITTLER, ROGER L REV
Address: 5555 WIERWILLE RD.
City-St-Zip: NEW KNOXVILLE, OH 45871

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: GARY W. FREDERICK

CFO

03/18/2009

Electronic Signature of Signing Officer or Director

Date