2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F01000000338

Entity Name: W-W-R.COM, INC.

FILED Apr 09, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 2716 S. US HIGHWAY 1 FT. PIERCE, FL 34950 **Current Mailing Address: New Mailing Address:** 1501 FOURTH AVENUE 1201 THIRD AVENUE **SUITE 2600** SUITE 2200 SEATTLE, WA 98101 SEATTLE, WA 98101 FEI Number: 91-2089060 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 323012525 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 Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: CHRM () Delete Title: PSDT (X) Change () Addition Name: GOYAL, ANIL K Name: GOYAL, AJAY PO BOX 880062 PO BOX 880062 Address: Address: City-St-Zip: PORT ST. LUCIE, FL 34988 City-St-Zip: PORT ST. LUCIE, FL 34988 Title: VΡ Title: () Delete () Change () Addition Name: GOYAL, ANIL K Name: PO BOX 880062 Address: Address: PORT ST. LUCIE, FL 34988 City-St-Zip: City-St-Zip: Title: Title: () Delete SCTY () Change (X) Addition GOYAL, UMA Name: Name: PO BOX 880062 Address Address: City-St-Zip: City-St-Zip: PORT ST. LUCIE, FL 34988 Title: () Delete Title: **TRSR** () Change (X) Addition GOYAL, RAMESHWAR Name: Name: Address: Address: PO BOX 880062 City-St-Zip: City-St-Zip: PORT ST. LUCIE, FL 34988

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

SIGNATURE: ANIL K. GOYAL, VICE PRESIDENT VP 04/09/2008