2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

SIGNATURE:

Jul 23, 2007 8:00 am Secretary of State DOCUMENT # F01000000417 1. Entity Name 07-23-2007 90040 014 ***150.00 WEIGHT WATCHERS NORTH AMERICA, INC. Principal Place of Business Mailing Address 175 CROSSWAYS PARK WEST 175 CROSSWAYS PARK WEST WOODBURY, NY 11797 WOODBURY, NY 11797 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 300 Jericho Quadransle 300 Jericha Suite, Apt. #, etc. CR2E034 (12/06) 07032007 Chg-P 350 350 4. FEI Number Applied For City & State 52-1656141 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired USA \Box USA Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET TALLAHASSEE, FL 32301-2525 Zip Code City 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 egent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing In accordance with s. 607.193(2)(b), F.S., the FILE NOW!!! FEE IS \$150.00 \$5.00 May Be П Trust Fund Contribution. corporation did not receive the prior notice. Added to Fees Due by September 14, 2007 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. PCD Presiceo Addition TITLE ☐ Change TITLE Delete David Kirchhoff HUETT, LINDA NAME NAME 175 CROSSWAYS PARK WEST STREET ADDRESS 300 Jericho Quadra-sle Ste 350 STREET ADORESS CITY-ST-ZIP WOODBURY, NY 11797 CITY-ST-ZIP Jericho, MY 11753 ☐ Change VSD Addition Delete TITLE TITLE HOLLWEG, ROBERT W NAME Jeffrey A. Figrman NAME STREET ADDRESS STREET ADDRESS 175 CROSSWAYS PARK WEST 300 Jenens Quedrante Ste 350 CITY-ST-ZIP CITY-ST-ZIP WOODBURY, NY 11797 Jerichs, MY 11753 ☐ Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ■ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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

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