

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F01000006359

FILED  
Jan 21, 2008  
Secretary of State

Entity Name: H&W COMPUTER SYSTEMS, INC.

**Current Principal Place of Business:**

6154 NORTH MEEKER PLACE  
SUITE 100  
BOISE, ID 83713

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 46019  
BOISE, ID 83711

**New Mailing Address:**

FEI Number: 82-0536903      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

NRAI SERVICES, INC.  
2731 EXECUTIVE PARK DRIVE  
SUITE 4  
WESTON, FL 33331 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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PCD ( ) Delete  
Name: CHAFFIN, MARY E  
Address: 6154 N MEEKER PL STE 100  
City-St-Zip: BOISE, ID 83713

Title: VSD ( ) Delete  
Name: CHAFFIN, DARWIN B  
Address: 6154 N MEEKER PL STE 100  
City-St-Zip: BOISE, ID 83713

Title: V (X) Delete  
Name: WEIR, CHARLES H  
Address: 6154 N MEEKER PL STE 100  
City-St-Zip: BOISE, ID 83713

Title: V (X) Delete  
Name: KROLL, KENNETH S  
Address: 6154 N MEEKER PL STE 100  
City-St-Zip: BOISE, ID 83713

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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

SIGNATURE: MARY E. CHAFFIN

PCD

01/21/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date