


**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 21, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # F02000002441</b> 1. Entity Name WEST LIBERTY STATE COLLEGE FOUNDATION, INCORPORATED	
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Principal Place of Business PO BOX 295, SHAW HALL OFFICE OF DEVELOPMENT WEST LIBERTY, WV 26074	Mailing Address PO BOX 295, SHAW HALL CAMPUS SVC CENTER # 122 WEST LIBERTY, WV 26074
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<b>DO NOT WRITE IN THIS SPACE</b>
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03042008 No Chg-NP CR2E037 (4/06)

4. FEI Number 55-0480299	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  WEST, GARY E 125 GULFSHORE BLVD N NAPLES, FL 34102
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____

<b>Filing Fee is \$61.25 Due by May 1, 2008</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	U00000091381U 05/08/08-80031-007 61.25
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KOTA, BOB 52160 NATIONAL ROAD EAST ST. CLAIRSVILLE, OH 43950
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C CAMPBELL, CLYDE 199 CLEARVIEW AVE WHEELING, WV 26003
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SHACKELFORD, HOWARD 10 BACHMANN DRIVE WHEELING, WV 26003
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T FARNSWORTH, CARLYLE D 50 FOREST HILLS WHEELING, WV 26003
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BARONE, NIKKI 106 WOODSHIRE PLACE CHARLESTON, WV 253141632
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOYLE, R. EMMETT 1233 MAIN STREET, SUITE 4000 WHEELING, WV 26003

<b>DO NOT WRITE IN THIS SPACE</b>
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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 617, 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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<b>SIGNATURE:</b> <u>Clyde D. Campbell</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<u>4-16-08</u> <small>Date</small>	<u>304-277-4425</u> <small>Daytime Phone #</small>
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*Clyde D. Campbell, Chair*