
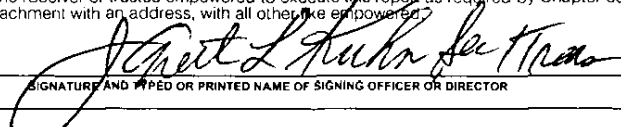


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2008 8:00 am
Secretary of State

01-22-2008 90048 050 ***150.00

DOCUMENT # F04000004841					
1. Entity Name WERRES CORPORATION					
Principal Place of Business 807 EAST SOUTH STREET FREDERICK, MD 21701			Mailing Address 807 EAST SOUTH STREET FREDERICK, MD 21701		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 53-0241112	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL		Zip Code
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 _____ <small>Signature, typed or printed name of registered agent, and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	CP	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SENECAL, DANIEL F		NAME		
STREET ADDRESS	807 EAST SOUTH STREET		STREET ADDRESS		
CITY-ST-ZIP	FREDERICK, MD 21701		CITY-ST-ZIP		
TITLE	VV	<input type="checkbox"/> Delete	TITLE	CP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SOUZA, PAUL A		NAME		
STREET ADDRESS	807 EAST SOUTH STREET		STREET ADDRESS		
CITY-ST-ZIP	FREDERICK, MD 21701		CITY-ST-ZIP		
TITLE	ST	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KUHN, JANET L		NAME		
STREET ADDRESS	807 EAST SOUTH STREET		STREET ADDRESS		
CITY-ST-ZIP	FREDERICK, MD 21701		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	William M Costa	
STREET ADDRESS			STREET ADDRESS	807 East South Street	
CITY-ST-ZIP			CITY-ST-ZIP	FREDERICK MD 21701	
TITLE		<input type="checkbox"/> Delete	TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	Steven E Armstrong	
STREET ADDRESS			STREET ADDRESS	807 E. South St.	
CITY-ST-ZIP			CITY-ST-ZIP	FREDERICK MD 21701	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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 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.					
SIGNATURE: 		Date: 1/11/08		Daytime Phone #: 301-620-4000	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<small>Daytime Phone #</small>	