2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 03, 2007
Secretary of State

DOCUMENT# F05000002997

Entity Name: MWI VETERINARY SUPPLY CO.

Current Principal Place of Business:

651 SOUTH STRATFORD, SUITE 100
MERIDIAN, ID 836426203

New Principal Place of Business:

Current Mailing Address:

POST OFFICE BOX 910
MERIDIAN, ID 836800910

New Mailing Address:

FEI Number: 82-0476687 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: CLEARY, JIM
Address: 651 SOUTH STRATFORD, SUITE 100
City-St-Zip: MERIDIAN, ID 836426203

Title: VS ( ) Delete
Name: THOMSPON, MARY PAT
Address: 651 SOUTH STRATFORD, SUITE 100
City-St-Zip: MERIDIAN, ID 836426203

Title: D ( ) Delete
Name: BRUCKMANN, BRUCE
Address: 651 SOUTH STRATFORD, SUITE 100
City-St-Zip: MERIDIAN, ID 836426203

Title: D ( ) Delete
Name: ALESSI, KEITH
Address: 651 SOUTH STRATFORD, SUITE 100
City-St-Zip: MERIDIAN, ID 836426203

Title: D ( ) Delete
Name: PERTUZ, BRETT
Address: 651 SOUTH STRATFORD, SUITE 100
City-St-Zip: MERIDIAN, ID 836426203

Title: D ( ) Delete
Name: REBHOLTZ, ROBERT
Address: 651 SOUTH STRATFORD, SUITE 100
City-St-Zip: MERIDIAN, ID 836426203

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VS (X) Change ( ) Addition
Name: THOMPSON, MARY PAT
Address: 651 SOUTH STRATFORD, SUITE 100
City-St-Zip: MERIDIAN, ID 836426203

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 PAT THOMPSON VS 07/03/2007

Electronic Signature of Signing Officer or Director Date