

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000001047

FILED
Jan 04, 2011
Secretary of State

Entity Name: WOUNDED WARRIORS, INC.

Current Principal Place of Business:

920 S. 107TH AVENUE
SUITE 250
OMAHA, NE 681144719

New Principal Place of Business:

Current Mailing Address:

920 S. 107TH AVE
250
OMAHA, NE 681144719

New Mailing Address:

FEI Number: 20-1407520

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

REGISTERED AGENTS LEGAL SERVICES, INC.
155 OFFICE PLAZA DR.
SUITE A
TALLAHASSEE, FL 32301 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

OFFICERS AND DIRECTORS:

Title: PSTC
Name: FOLSOM, JOHN D II
Address: 1716 NORTH 60TH STREET
City-St-Zip: OMAHA, NE 68104

Title: D
Name: BRADFORD, D C
Address: FIRST NAT. CNTR., 1620 DODGE ST., STE 1800
City-St-Zip: OMAHA, NE 681021505

Title: D
Name: DOUGHERTY, RYAN J
Address: FIRST NAT. CNTR., 1620 DODGE ST., STE 1800
City-St-Zip: OMAHA, NE 681021505

Title: D
Name: FIELDS, ARNOLD MJ.GEN.
Address: 590 15TH ST S APT 238
City-St-Zip: ARLINGTON, VA 22202

Title: D
Name: PIRTLE, CRAIG A
Address: 192 WOOD LANDING RD
City-St-Zip: FREDERICKSBURG, VA 22405

Title: D
Name: SYLVESTOR, JOHN B LT GEN
Address: 11601 TORI COURT
City-St-Zip: HERNON, VA 20170

I hereby 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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: JOHN D FOLSOM II

PRES

01/04/2011

_____ Electronic Signature of Signing Officer or Director

_____ Date