

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000004988

Entity Name: WILEY & WILSON, INC.

FILED
Jan 14, 2008
Secretary of State

Current Principal Place of Business:

2310 LANGHORNE ROAD
LYNCHBURG, VA 24501

New Principal Place of Business:

Current Mailing Address:

POST OFFICE BOX 877
LYNCHBURG, VA 24505

New Mailing Address:

FEI Number: 54-0922889

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 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: CD () Delete
Name: ARMSTRONG, J F
Address: 2310 LANGHORNE ROAD
City-St-Zip: LYNCHBURG, VA 24501

Title: PD () Delete
Name: GROOVER, T A
Address: 2310 LANGHORNE ROAD
City-St-Zip: LYNCHBURG, VA 24501

Title: STD () Delete
Name: ROBERTSON, D G
Address: 2310 LANGHORNE ROAD
City-St-Zip: LYNCHBURG, VA 24501

Title: D () Delete
Name: ANGELL, V K
Address: 2550 HUNTINGTON AVENUE #310
City-St-Zip: ALEXANDRIA, VA 22303

Title: D () Delete
Name: HARRIS, P C
Address: 2310 LANGHORNE ROAD
City-St-Zip: LYNCHBURG, VA 24501

Title: D () Delete
Name: MCSWEENEY, N E
Address: 6606 WEST BROAD STREET #500
City-St-Zip: RICHMOND, VA 23230

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
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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: E. M. FRANKFORT

Electronic Signature of Signing Officer or Director

V.P.

01/14/2008

Date