

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F10000003464

FILED
Apr 29, 2011
Secretary of State

Entity Name: WEATHERPREDICT CONSULTING INC.

Current Principal Place of Business:

3200 ATLANTIC AVE., SUITE 114
RALEIGH, NC 27604

New Principal Place of Business:

RENAISSANCE HOUSE
12 CROW LANE
PEMBROKE HM 19, BERMUDA, XX XXXXX

Current Mailing Address:

3200 ATLANTIC AVE., SUITE 114
RALEIGH, NC 27604

New Mailing Address:

RENAISSANCE HOUSE
12 CROW LANE
PEMBROKE HM 19, BERMUDA, XX XXXXX

FEI Number: 54-1910284

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

OFFICERS AND DIRECTORS:

Title: PTD
Name: TILLMAN, CRAIG W
Address: RENAISSANCE HOUSE, 12 CROW LANE
City-St-Zip: PEMBROKE HM 19, BERMUDA, XX XXXXX

Title: D
Name: KAPLAN, PAUL
Address: RENAISSANCE HOUSE, 12 CROW LANE
City-St-Zip: PEMBROKE HM 19, BERMUDA, XX XXXXX

Title: D
Name: DUTT, ADITYA K
Address: RENAISSANCE HOUSE, 12 CROW LANE
City-St-Zip: PEMBROKE HM 19, BERMUDA, XX XXXXX

Title: VP
Name: REGAN, MICHAEL
Address: RENAISSANCE HOUSE, 12 CROW LANE
City-St-Zip: PEMBROKE HM 19, BERMUDA, XX XXXXX

Title: S
Name: RATTERAY, M. JANINE
Address: RENAISSANCE HOUSE, 12 CROW LANE
City-St-Zip: PEMBROKE HM 19, BERMUDA, XX XXXXX

Title: D
Name: NICHOLS, JOHN D
Address: RENAISSANCE HOUSE, 12 CROW LANE
City-St-Zip: PEMBROKE HM 19 BERMUDA, XX XXXXX

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

SIGNATURE: MICHELLE DONATO

POA

04/29/2011

Electronic Signature of Signing Officer or Director

Date