

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F11000005047

FILED
Apr 06, 2012
Secretary of State

Entity Name: WILKINSON CORPORATION WA FLORIDA

Current Principal Place of Business:

402 E YAKIMA AVENUE, SUITE 1500
YAKIMA, WA 98901

New Principal Place of Business:

Current Mailing Address:

402 E YAKIMA AVENUE, SUITE 1500
YAKIMA, WA 98901

New Mailing Address:

FEI Number: 91-1534471

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS ST
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: PD
Name: WILKINSON, JAMES T
Address: 402 E YAKIMA AVENUE, SUITE 1500
City-St-Zip: YAKIMA, WA 98901

Title: SD
Name: WILKINSON, RUSSELL L
Address: 402 E YAKIMA AVENUE, SUITE 1500
City-St-Zip: YAKIMA, WA 98901

Title: T
Name: GROOMS, KEVIN
Address: 402 E YAKIMA AVENUE, SUITE 1500
City-St-Zip: YAKIMA, WA 98901

Title: CEOD
Name: GIENGER, LON PAUL
Address: 402 E YAKIMA AVENUE, SUITE 1500
City-St-Zip: YAKIMA, WA 98901

Title: COO
Name: SHEARER, JAMES D
Address: 402 E YAKIMA AVENUE, SUITE 1500
City-St-Zip: YAKIMA, WA 98901

Title: EVP
Name: ELIZABETH AYRES WHITMAN
Address: 402 E YAKIMA AVENUE, SUITE 1500
City-St-Zip: YAKIMA, WA 98901

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: JAMES T. WILKINSON

PD

04/06/2012

_____ Electronic Signature of Signing Officer or Director

_____ Date