

# 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