


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 12, 2007 8:00 am**  
**Secretary of State**

04-12-2007 90034 048 \*\*\*150.00

<b>DOCUMENT # F92000000359</b>		
1. Entity Name <b>W. W. WILLIAMS SOUTHEAST, INC.</b>		

Principal Place of Business <b>835 WEST GOODALE BOULEVARD COLUMBUS, OH 43212 US</b>	Mailing Address <b>835 WEST GOODALE BOULEVARD COLUMBUS, OH 43212 US</b>
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



04022007 Chg-P CR2E034 (12/06)

4. FEI Number <b>57-0694428</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<b>C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324</b>		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		<b>FL</b>	Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	DC	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIAMS, WILLIAM S		NAME		
STREET ADDRESS	835 WEST GOODALE BOULEVARD		STREET ADDRESS		
CITY-ST-ZIP	COLUMBUS, OH 43212		CITY-ST-ZIP		
TITLE	DVC	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRENCH, MARK L		NAME		
STREET ADDRESS	835 WEST GOODALE BOULEVARD		STREET ADDRESS		
CITY-ST-ZIP	COLUMBUS, OH 43212		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GIBSON, JANET D		NAME		
STREET ADDRESS	835 WEST GOODALE BOULEVARD		STREET ADDRESS		
CITY-ST-ZIP	COLUMBUS, OH 43212		CITY-ST-ZIP		
TITLE	DVP	<input checked="" type="checkbox"/> Delete	TITLE	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PATRICK, JEAN A		NAME	Sharp, Aven L.	
STREET ADDRESS	835 WEST GOODALE BOULEVARD		STREET ADDRESS	2844 Moreland Ave. SE	
CITY-ST-ZIP	COLUMBUS, OH 43212		CITY-ST-ZIP	Atlanta, GA 30315	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	D-Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	Kelly L. Turley	
STREET ADDRESS			STREET ADDRESS	835 W. Goodale Blvd.	
CITY-ST-ZIP			CITY-ST-ZIP	Columbus OH 43212	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

**SIGNATURE:**  **4/5/07** **614.228.5000**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #