

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F93000004946

FILED  
Mar 19, 2009  
Secretary of State

Entity Name: WILSON COMMERCIAL REAL ESTATE INC.

## Current Principal Place of Business:

53 DANBURY ROAD  
WILTON, CT 06897 US

## New Principal Place of Business:

## Current Mailing Address:

53 DANBURY ROAD  
WILTON, CT 06897 US

## New Mailing Address:

FEI Number: 06-1322451

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

WILSON, LELAND  
4809 ERHLICH ROAD  
TAMPA, FL 33624 US

## Name and Address of New Registered Agent:

WILSON, LELAND  
11821 SHIRE WYCLIFFE COURT  
TAMPA, FL 33626 US

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: MICHELLE MCDONALD

03/19/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PDT ( ) Delete  
Name: WILSON, LELAND R  
Address: 116 VALEVIEW ROAD  
City-St-Zip: WILTON, CT 06897

Title: D ( ) Delete  
Name: WILSON, ERIKA A  
Address: 116 VALEVIEW ROAD  
City-St-Zip: WILTON, CT 06897

Title: AS ( ) Delete  
Name: HEALY, J. CASEY  
Address: 190 OLD RIDGEFIELD ROAD  
City-St-Zip: WILTON, CT

## 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:

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: MICHELLE MCDONALD

MS.

03/19/2009

Electronic Signature of Signing Officer or Director

Date