## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F95000003635

Title:

Name:

Address:

City-St-Zip:

FILED May 15, 2008 Secretary of State

Entity Nai	me: WATCH	GUARD REGISTRATION SERV	VICES, INC.			
Current Principal Place of Business:			Nev	New Principal Place of Business:		
250 E. CARPENTER FREEWAY IRVING, TX 75062				100 CONNECTICUT AVENUE NORWALK, CT 06850		
Current Mailing Address:				New Mailing Address:		
PO BOX 31226 TAMPA, FL 33631				100 CONNECTICUT AVENUE NORWALK, CT 06850		
FEI Number:	: 06-1056373	FEI Number Applied For ( )	FEI Number i	lot Applicable()	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:		
1200 SOU	PORATION SY TH PINE ISLA ION, FL 3332	ND RD.				
	named entity e of Florida.	submits this statement for the p	ourpose of cha	nging its regist	ered office or registered agent, or both,	
SIGNATU	RE:					
Electronic Signature of Registered Agent				Date		
Election Car	mpaign Financir	ng Trust Fund Contribution ( ).				
OFFICERS AND DIRECTORS:			ADI	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS		
Title: Name: Address: City-St-Zip:	PD ( WOODARD, L 105 DECKER IRVING, TX 7	DR	Title: Nam Addr City-	e: LIPMAN ess: 100 CO	(X) Change ( ) Addition , NATHANIEL NNECTICUT AVENUE ILK, CT 06850	
Title: Name: Address: City-St-Zip:	V ( NASSER, JEA 125 BROAD S NEW YORK, N	Т	Title: Nam Addr City-	e: ROONE	(X) Change()Addition Y, ROBERT NNECTICUT AVENUE NLKL, CT 06850	
Title: Name: Address: City-St-Zip:	DS ( DALY, TIMOTI 250 CARPENT IRVING, TX 7	ER	Title: Nam Addr City-	e: SIEGEL ess: 100 CO	(X) Change ( ) Addition , TODD NNECTICUT AVENUE ILK, CT 06850	

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.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: LOUIS COLLINS ON BEHALF OF TODD SIEGEL S 05/15/2008

( ) Delete

( ) Change (X) Addition

FINO, ALBERT

100 CONNECTICUT AVENUE

NORWALK, CT 06850