2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F95000004602

Entity Name: WESTWAY, INC. OF DELAWARE

FILED Jan 15, 2008 Secretary of State

Current Principal Place of Business:			New Principal Place	New Principal Place of Business:		
15 W. COLLEGE DR. ARLINGTON HTS., IL 60004			15 W. COLLEGE DR. ARLINGTON HTS., II	_ 60004	US	
Current Mailing Address:			New Mailing Addres	New Mailing Address:		
15 W. COLLEGE DR. ARLINGTON HTS., IL 60004			15 W. COLLEGE DR. ARLINGTON HTS., IL	60004	US	
FEI Number: 3	36-2138546	FEI Number Applied For ()	FEI Number Not Applicable ()	Certific	cate of Status Desired ()	
Name and	Address of Cu	ırrent Registered Agent:	Name and Address	of New Re	gistered Agent:	
	IELSON C ESC DELAND BLVE 33156 US					
The above r in the State		ubmits this statement for the pur	rpose of changing its registere	ed office or	registered agent, or both,	
SIGNATUR	E:					
	Electronic	Signature of Registered Agen	t		Date	
Election Cam	paign Financing	Trust Fund Contribution ().				
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	PRES () I FELLARS, ROY 901 GLENDALE GLENVIEW, IL 6		Title: Name: Address: City-St-Zip:	() Change	e()Addition	
Title: Name: Address: City-St-Zip:	SEC () I FELLARS, MARY 901 GLENDALE GLENVIEW, IL 6	RD	Title: Name: Address: City-St-Zip:	() Change	e()Addition	
Title: Name: Address: City-St-Zip:	TREA () I REED, FELLARS 318 WILLOW CHICAGO, IL 60		Title: Name: Address: City-St-Zip:	() Change	e()Addition	
Title: Name: Address: City-St-Zip:	D () [CARLSON, SUSA BOX 2214 RFD LONG GROVE, II		Title: Name: Address: City-St-Zip:	() Change	e()Addition	
Title: Name: Address: City-St-Zip:	D () I LOUDON, RHEA 1917 STUART BERKELEY, CA	Delete 94703 US	Title: Name: Address: City-St-Zip:	() Change	e()Addition	
Title: Name: Address: City-St-Zip:	D () [FELLARS, RICHA 7275 FOREST G ROCKFORD, IL	LEN DR APT H	Title: Name: Address: City-St-Zip:	() Change	e()Addition	

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: ROY A FELLARS PRES 01/15/2008