

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F96000003373

FILED  
Apr 27, 2009  
Secretary of State

Entity Name: EXPERIENCE WORKS, INC.

## Current Principal Place of Business:

4401 WILSON BLVD., SUITE 1100  
ARLINGTON, VA 222034196

## New Principal Place of Business:

## Current Mailing Address:

4401 WILSON BLVD., SUITE 1100  
ARLINGTON, VA 222034196

## New Mailing Address:

FEI Number: 52-0817955

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SMITH-FISCHER, BARBARA  
1079 ATLANTIC BLVD.  
SUITE #2  
ATLANTIC BEACH, FL 32233 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: CEO ( ) Delete  
Name: METZLER, CYNTHIA  
Address: 4401 WILSON BLVD., SUITE 1100  
City-St-Zip: ARLINGTON, VA 22203419 US

Title: ASTR ( ) Delete  
Name: MUNZ, FLORIE  
Address: 4401 WILSON BLVD., SUITE 1100  
City-St-Zip: ARLINGTON, VA 222034196 US

Title: VP ( ) Delete  
Name: BOOFER, SALLY  
Address: 4401 WILSON BLVD., SUITE 1100  
City-St-Zip: ARLINGTON, VA 222034196 US

Title: SEC ( ) Delete  
Name: WEFALD, RUTH ANN  
Address: 4401 WILSON BLVD., SUITE 1100  
City-St-Zip: ARLINGTON, VA 222034196 US

Title: DIR ( ) Delete  
Name: KLUTTS, PHILLIP  
Address: 4401 WILSON BLVD., SUITE 1100  
City-St-Zip: ARLINGTON, VA 222034196 US

Title: DIR ( ) Delete  
Name: TOFTOY, CHARLES  
Address: 4401 WILSON BLVD., SUITE 1100  
City-St-Zip: ARLINGTON, VA 222034196 US

## 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:

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: FLORIE MUNZ

ASTR

04/27/2009

Electronic Signature of Signing Officer or Director

Date