

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2006 8:00 am
Secretary of State

04-21-2006 90124 001 ***150.00

DOCUMENT # F99000001689 1. Entity Name WEATHER SERVICES INTERNATIONAL, INC.					
Principal Place of Business 400 MINUTEMAN ROAD ANDOVER, MA 01810-1093			Mailing Address 400 MINUTEMAN ROAD ANDOVER, MA 01810-1093		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Zip Country		City & State Zip Country		4. FEI Number 04-2661930	
5. Certificate of Status Desired ☐				Applied For Not Applicable	
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPSD FRIDDELL, III, GUY 150 W BRANBLETON AVE NORFOLK, VA 23510	☐ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DC ANSTROM, DECKER 150 W BRAMBLETON AVE NORFOLK, VA 23510	☐ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P GILDERSLEEVE, MARK 55 WALKERS BROOK DRIVE READING, MA 01867	☐ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPT BAILEY, JAMES 4 FEDERAL STREET BILLERICA, MA 01821	☒ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	AS GOETZ, SUSAN 150 W BRAMBLETON AVE NORFOLK, VA 23510	☐ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	(Empty)	☐ Delete			
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: <i>Susan J. Goetz</i> <i>Susan J. Goetz</i> 4/12/06 757/446-2013 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					