



# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 23, 2007 8:00 am**  
**Secretary of State**

04-23-2007 90099 016 \*\*\*150.00

<b>DOCUMENT # F99000002069</b>											
<b>1. Entity Name</b> WFMI, INC.											
<b>Principal Place of Business</b> THREE GREENWICH OFFICE PARK GREENWICH, CT 06831			<b>Mailing Address</b> THREE GREENWICH OFFICE PARK GREENWICH, CT 06831								
<b>2. Principal Place of Business - No P.O. Box #</b> 276 Park Avenue South		<b>3. Mailing Address</b> 276 Park Avenue South									
Suite, Apt. #, etc. 3rd Floor		Suite, Apt. #, etc. 3rd Floor									
<b>City &amp; State</b> New York, NY		<b>City &amp; State</b> New York, NY		<b>4. FEI Number</b> 52-2164282							
<b>Zip</b> 10010		<b>Country</b> USA		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>							
<b>6. Name and Address of Current Registered Agent</b>  CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525			<b>7. Name and Address of New Registered Agent</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="2" style="padding: 2px;">Name</td> </tr> <tr> <td colspan="2" style="padding: 2px;">Street Address (P.O. Box Number is Not Acceptable)</td> </tr> <tr> <td style="padding: 2px;">City</td> <td style="padding: 2px;">FL Zip Code</td> </tr> </table>			Name		Street Address (P.O. Box Number is Not Acceptable)		City	FL Zip Code
Name											
Street Address (P.O. Box Number is Not Acceptable)											
City	FL Zip Code										
<b>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.</b>  SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____											
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>									
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>								
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MOSHER, GREGORY C <input type="checkbox"/> Delete THREE GREENWICH OFFICE PARK GREENWICH, CT 06810		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 276 Park Avenue South, 3rd Floor New York, NY 10010							
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST BOGUTSKY, PAUL H <input type="checkbox"/> Delete THREE GREENWICH OFFICE PARK GREENWICH, CT 06831		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 276 Park Avenue South, 3rd Floor New York, NY 10010							
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS COTTLE, ALLISON L <input type="checkbox"/> Delete THREE GREENWICH OFFICE PARK GREENWICH, CT 06831		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 276 Park Avenue South, 3rd Floor New York, NY 10010							
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS ORDLING, THOMAS S <input checked="" type="checkbox"/> Delete 220 E MONUMENT AVE DAYTON, OH 454021223		TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT/AS Gary W. Doner <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 220 E. Monument Avenue Dayton, OH 45402							
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition							
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition							
<b>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.</b>											
<b>SIGNATURE:</b> 			April 17, 2007								
Gary W. Doner, Assistant Treasurer			Date Daytime Phone #								

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