
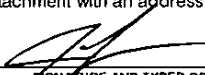


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 09, 2005 8:00 am
Secretary of State

03-09-2005 90032 042 ***150.00

DOCUMENT # F99000003782 1. Entity Name EXPOSITION SERVICES, INC.					
Principal Place of Business 1407 CUMMINGS DRIVE TAX DIVISION RICHMOND VA 23220 US			Mailing Address FIVE GIRALDA FARMS TAX DEPT. 3DA MADISON NJ 07940 US		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 16-0986194 <div style="float: right;"> <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable </div>	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525			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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	POHLMAN, J. JAMES		NAME		
STREET ADDRESS	1407 CUMMINGS DRIVE		STREET ADDRESS		
CITY-ST-ZIP	RICHMOND VA 23220		CITY-ST-ZIP		
TITLE	VP <input checked="" type="checkbox"/> Delete		TITLE	VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GRUBB, GARY		NAME	WOLD, KATHERINE MARY	
STREET ADDRESS	1407 CUMMINGS DR.		STREET ADDRESS	FIVE GIRALDA FARMS	
CITY-ST-ZIP	RICHMOND VA 23320		CITY-ST-ZIP	MADISON, NJ 07940	
TITLE	VP <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	NETHERWOOD, WILLIAM		NAME		
STREET ADDRESS	1407 CUMMINGS DR.		STREET ADDRESS		
CITY-ST-ZIP	RICHMOND VA 23320		CITY-ST-ZIP		
TITLE	VPAS <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SLATER, TIMOTHY T		NAME		
STREET ADDRESS	FIVE GIRALDA FARMS		STREET ADDRESS		
CITY-ST-ZIP	MADISON NJ 07940		CITY-ST-ZIP		
TITLE	S <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LACH, EILEEN M		NAME		
STREET ADDRESS	FIVE GIRALDA FARMS		STREET ADDRESS		
CITY-ST-ZIP	MADISON NJ 07940		CITY-ST-ZIP		
TITLE	D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	O'CONNOR, JACK M		NAME		
STREET ADDRESS	FIVE GIRALDA FARMS		STREET ADDRESS		
CITY-ST-ZIP	MADISON NJ 07940		CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: 			J. M. O'Connor, Director <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		
			3/3/05 973-660-5000 <small>Date Daytime Phone #</small>		