

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F99000003782

FILED
Apr 30, 2008
Secretary of State

Entity Name: EXPOSITION SERVICES, INC.

Current Principal Place of Business:

1407 CUMMINGS DRIVE
TAX DIVISION
RICHMOND, VA 23220 US

New Principal Place of Business:

Current Mailing Address:

FIVE GIRALDA FARMS
TAX DEPT. 3DA
MADISON, NJ 07940 US

New Mailing Address:

FEI Number: 16-0986194 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: O'CONNOR, JACK M
Address: FIVE GIRALDA FARMS
City-St-Zip: MADISON, NJ 07940

Title: VP () Delete
Name: WOLD, MARY K
Address: FIVE GIRALDA FARMS
City-St-Zip: MADISON, NJ 07940

Title: VP () Delete
Name: NETHERWOOD, WILLIAM
Address: 1407 CUMMINGS DR.
City-St-Zip: RICHMOND, VA 23320

Title: VPAS () Delete
Name: SLATER, TIMOTHY T
Address: FIVE GIRALDA FARMS
City-St-Zip: MADISON, NJ 07940

Title: S () Delete
Name: LACH, EILEEN M
Address: FIVE GIRALDA FARMS
City-St-Zip: MADISON, NJ 07940

Title: D () Delete
Name: O'CONNOR, JACK M
Address: FIVE GIRALDA FARMS
City-St-Zip: MADISON, NJ 07940

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPT (X) Change () Addition
Name: O'CONNOR, JACK M
Address: FIVE GIRALDA FARMS
City-St-Zip: MADISON, NJ 07940

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: AS (X) Change () Addition
Name: LEWIN, BRADFORD A
Address: FIVE GIRALDA FARMS
City-St-Zip: MADISON, NJ 07940

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: BRADFORD A. LEWIN

AS

04/30/2008

Electronic Signature of Signing Officer or Director

Date