

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F99000006472

FILED  
Apr 20, 2007  
Secretary of State

Entity Name: THE WESTMORELAND AGENCY, INC.

## Current Principal Place of Business:

456 NORTH KIMBALL PLACE  
BOISE, ID 83704

## New Principal Place of Business:

1680 CAPITAL ONE DRIVE  
MCLEAN, VA 22102

## Current Mailing Address:

1680 CAPITAL ONE DRIVE  
ATTN: NUTAN SINHA  
MCLEAN, VA 22102

## New Mailing Address:

FEI Number: 54-1858389      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: D ( ) Delete  
Name: WEST, CATHERINE  
Address: 1680 CAPITAL ONE DRIVE  
City-St-Zip: MCLEAN, VA 22102

Title: D ( ) Delete  
Name: FINNERAN, JOHN G JR.  
Address: 1680 CAPITAL ONE DRIVE  
City-St-Zip: MCLEAN, VA 22102

Title: P ( ) Delete  
Name: BERSON, JORY A  
Address: 15000 CAPITAL ONE DRIVE  
City-St-Zip: RICHMOND, VA 23238

Title: S ( ) Delete  
Name: BORCHERT, FRANK R III  
Address: 1680 CAPITAL ONE DRIVE  
City-St-Zip: MCLEAN, VA 22102

Title: AS ( ) Delete  
Name: TRAUB, JEAN K  
Address: 1680 CAPITAL ONE DRIVE  
City-St-Zip: MCLEAN, VA 22102

Title: T ( ) Delete  
Name: LINEHAN, STEPHEN  
Address: 1680 CAPITAL ONE DRIVE  
City-St-Zip: MCLEAN, VA 22102

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: P (X) Change ( ) Addition  
Name: BERSON, JORY A  
Address: 1680 CAPITAL ONE DRIVE  
City-St-Zip: MCLEAN, VA 22102

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 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: JEAN K. TRAUB

AS

04/20/2007

Electronic Signature of Signing Officer or Director

Date