2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P02000116871

Entity Name: W.O. SERVICE COMPANY

FILED Apr 29, 2003 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 3823 OWENS ROAD YULEE, FL 32097 **Current Mailing Address: New Mailing Address:** 3823 OWENS ROAD YULEE, FL 32097 **FEI Number:** FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: F&L CORP 200 LAURA STREET NORTH JACKSONVILLE, FL 32202 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: (X) Change () Addition COMMANDER, CHARLES E II LUKAS, JOHN Name: Name: 200 NORTH LAURA STREET 3823 OWENS ROAD Address: Address: City-St-Zip: JACKSONVILLE, FL 32202 City-St-Zip: YULEE, FL 32097 () Delete Title: D,VP () Change (X) Addition Title: Name: Name: FENDIG, WYNN 3823 OWENS ROAD Address: Address: YULEE, FL 32097 City-St-Zip: City-St-Zip: Title: () Change (X) Addition Title: () Delete THOMPSON, REBECCA Name: Name: 3823 OWENS ROAD Address Address: City-St-Zip: City-St-Zip: YULEE, FL 32097 Title: () Delete Title: () Change (X) Addition CROPPER, STEVE Name: Name: Address: Address: 111TH WEST 50TH STREET, 40TH FLOOR City-St-Zip: City-St-Zip: NEW YORK, NY 10020 Title: Title: PRES () Change (X) Addition () Delete LUKAS, JOHN Name: Name: Address: Address: 3823 OWENS ROAD City-St-Zip: City-St-Zip: YULEE, FL 32097 Title: () Delete Title: () Change (X) Addition GALLACHER, THOMAS Name: Name: 3823 OWENS ROAD Address: Address: City-St-Zip: City-St-Zip: YULEE, FL 32097

I hereby certify that the information supplied with this filing does not qualify for the 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 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: WYNN FENDIG D,VP 04/29/2003