2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000079396

Entity Name: VIA WEST CORP

City-St-Zip: WALAPOLE, MA 02071

FILED Apr 29, 2009 Secretary of State

Entity Name: VIA WEST CORP.					
Current Principal Place of Business:			New Principal Plac	New Principal Place of Business:	
PO BOX 109 MARCO ISLAND, FL 339690109				280 S COLLIER BLVD MARCO ISLAND, FL 34145	
Current Mailing Address:			New Mailing Addre	New Mailing Address:	
PO BOX 109 MARCO ISLAND, FL 341460109				280 S COLLIER BLVD MARCO ISLAND, FL 34145	
FEI Number:	65-0458604	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address	Name and Address of New Registered Agent:	
CHILDS, DONALD G 1020 S COLLIER BLVD MARCO ISLAND, FL 33937 US			280 S CÓLLIER BLV	DELAPA, ANTHONY F 280 S COLLIER BLVD MARCO ISLAND, FL 34145 US	
The above in the State	named entity of Florida.	submits this statement for the p	urpose of changing its register	red office or registered agent, or both,	
SIGNATUR	RE: ANTYHO	NY F. DELAPA		04/29/2009	
	Electro	nic Signature of Registered Age	ent	Date	
Election Cam	npaign Financin	g Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	P (DELAPA, JOSE 25 ROCKLAND WEST ROXBU	ST #11	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	V (DELAPA, JOHN 66 OAK ST BO WESTWOOD,	X 244	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address:	ST (SITEMAN, JAN 19 DELAPA CI		Title: Name: Address:	() Change () Addition	

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.

City-St-Zip:

SIGNATURE: JANINE E. SITEMAN ST 04/29/2009