

2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED

07 AUG -3 PM 1:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000048553

1. Entity Name
WELLINGTON MANAGEMENT, INC.



Principal Place of Business
3461-B FAIRLANE FARMS RD
WELLINGTON, FL 33414

Mailing Address
~~C/O CORPORATION SERVICE COMPANY~~
~~1201 HAYS ST~~
TALLAHASSEE, FL 32301

2. Principal Place of Business - No P.O. Box #

3. Mailing Address
6300 PARK OF COMMERCE BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04262007 Chg-P CR2E034 (12/06)

City & State

City & State
BOCA RATON, FL

4. FEI Number
65-0504842

Applied For
Not Applicable

Zip

Country

Zip

Country

33487

5. Certificate of Status Desired ☐ \$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 ST
TALLAHASSEE, FL 32301

Name ANTHONY KALLICHE, ESQUIRE

Street Address (P.O. Box Number is Not Acceptable)
2950 N 28 TERRACE

City HOLLYWOOD

FL

Zip Code 33020

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

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

4/25/07

Amended AR is \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

300107546763
08/08/07--01045--006 **\$61.25

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE VPD
NAME KURTZ, JOHN C
STREET ADDRESS 100 VISTA ROYAL BLVD.
CITY-ST-ZIP VERO BEACH, FL 32962 ☐ Delete

TITLE D
NAME STRUNIN, RICHARD
STREET ADDRESS 2950 N 28 TERRACE
CITY-ST-ZIP HOLLYWOOD, FL 33020 ☐ Change ☒ Addition

TITLE PD
NAME NEWSOME, JOHN
STREET ADDRESS 3461-B FAIRLANE FARMS RD
CITY-ST-ZIP WELLINGTON, FL 33414 ☐ Delete

TITLE D
NAME CHRISTENSEN, STEVEN
STREET ADDRESS 2950 N 28 TERRACE
CITY-ST-ZIP HOLLYWOOD, FL 33020 ☐ Change ☒ Addition

TITLE CD
NAME SOLLINS, CHARLES D
STREET ADDRESS 6300 PARK OF COMMERCE BLVD
CITY-ST-ZIP BOCA RATON, FL 33487 ☐ Delete

TITLE SD
NAME SOLLINS, CHARLES D.
STREET ADDRESS 6300 PARK OF COMMERCE BLVD
CITY-ST-ZIP BOCA RATON, FL 33487 ☒ Change ☐ Addition

TITLE ~~SD~~
NAME FRIEDRICHSEN, JOHN B
STREET ADDRESS 1140 BAY STREET
CITY-ST-ZIP TORONTO, ON M5S2B4 ☐ Delete

TITLE AS
NAME FRIEDRICHSEN, JOHN B
STREET ADDRESS 1140 BAY STREET, STE 4000
CITY-ST-ZIP TORONTO, ONTARIO M5S 2B4 ☒ Change ☐ Addition

TITLE ~~TD~~
NAME COOKE, DOUGLAS G
STREET ADDRESS 1140 BAY STREET
CITY-ST-ZIP TORONTO, ON M5S 2B4 ☐ Delete

TITLE AT
NAME COOKE, DOUGLAS G.
STREET ADDRESS 1140 BAY STREET, STE 4000
CITY-ST-ZIP TORONTO, ONTARIO M5S 2B4 ☒ Change ☐ Addition

TITLE ~~AS~~
NAME WENDY, LANG
STREET ADDRESS 6300 PARK OF COMMERCE BLVD.
CITY-ST-ZIP BOCA RATON, FL 33487 ☐ Delete

TITLE T
NAME LANG, WENDY
STREET ADDRESS 6300 PARK OF COMMERCE BLVD
CITY-ST-ZIP BOCA RATON, FL 33487 ☒ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/2/07 561-989-5071

Date

Daytime Phone #