2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 08, 2004
Secretary of State

DOCUMENT# P96000033991

Entity Name: WEST OAKS FOOTACTION, INC.

Current Principal Place of Business:

WEST OAK MALL
RT 50 & CLARK ST
ORLANDO, FL 34741 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 141269
IRVING, TX 750141269 US

New Mailing Address:

FEI Number: 59-3397793 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

UNITED STATES CORPORATION COMPANY
1201 HAYS ST
TALLAHASSEE, FL 32301 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: PD ( ) Delete
Name: NEVILLE, R. SHAWN
Address: 90 MCKEE
City-St-Zip: MAHWAH, NJ 07340

Title: SV ( ) Delete
Name: APPLBAUM, LEE D
Address: 90 MCKEE
City-St-Zip: MAHWAH, NJ 07340

Title: VP ( ) Delete
Name: COLTER, WARREN Z
Address: 90 MCKEE
City-St-Zip: MAHWAH, NJ 07340

Title: VPS ( ) Delete
Name: LYNCH, MICHAEL
Address: 90 MCKEE
City-St-Zip: MAHWAH, NJ 07340

Title: VPAS ( ) Delete
Name: WILSON, MARY BETH
Address: 3201 ROYAL LANE
City-St-Zip: IRVING, TX 75063

Title: AS ( ) Delete
Name: GALANTE, ANDREA
Address: 3201 ROYAL LANE
City-St-Zip: IRVING, TX 75063

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: ( ) 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 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: MARY BETH WILSON VP 01/08/2004

Electronic Signature of Signing Officer or Director Date