2003 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 13, 2003
Secretary of State

DOCUMENT# P97000031945

Entity Name: WILSON ASSESSMENT CORP.

Current Principal Place of Business:

C/O WILSON
3260 PINE VALLEY DR
SARASOTA, FL 34239 US

New Principal Place of Business:

C/O WILSON
8242 CYPRESS HOLLOW DR.
SARASOTA, FL 34238 US

Current Mailing Address:

C/O WILSON
3260 PINE VALLEY DR
SARASOTA, FL 34239 US

New Mailing Address:

C/O WILSON
8242 CYPRESS HOLLOW DR.
SARASOTA, FL 34238 US

FEI Number: 65-0750928 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FITZGIBBONS, THOMAS M ESQ.
1800 SECOND STREET
SUITE 880
SARASOTA, FL 34236 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: WILSON, NED B
Address: 4411 BEE RIDGE ROAD, #592
City-St-Zip: SARASOTA, FL 34233

Title: STD ( ) Delete
Name: KRUEGER, MICHELLE
Address: 4641 FALCON RIDGE RD
City-St-Zip: SARASOTA, FL 34233

Title: VD ( ) Delete
Name: SEERY, MICHAEL
Address: 4641 CREEK SHEA PL
City-St-Zip: SARASOTA, FL 34240

Title: VD ( ) Delete
Name: NEFF, RAYMOND
Address: P O BOX 460
City-St-Zip: SARASOTA, FL 34230

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: WILSON, NED B
Address: 8242 CYPRESS HOLLOW DR.
City-St-Zip: SARASOTA, FL 34238

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: NED B. WILSON PRES 04/13/2003

Electronic Signature of Signing Officer or Director Date