

**2018 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F96000003373

**Entity Name:** EXPERIENCE WORKS, INC.**Current Principal Place of Business:**4401 WILSON BLVD., SUITE 210  
ARLINGTON, VA 22203-4196**Current Mailing Address:**4401 WILSON BLVD., SUITE 210  
ARLINGTON, VA 22203-4196 US**FEI Number:** 52-0817955**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**HENDRIX, EILEEN  
2018 DYREHAVEN DRIVE  
TALLAHASSEE, FL 32317 US*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:** EILEEN HENDRIX

03/23/2018

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT AND CEO  
Name           BOOFER, SALLY A.  
Address        4401 WILSON BLVD., SUITE 210  
City-State-Zip: ARLINGTON VA 22203-4196

Title            BOARD CHAIRMAN, DIRECTOR  
Name           NOONAN, ROGER  
Address        4401 WILSON BLVD., SUITE 210  
City-State-Zip: ARLINGTON VA 22203-4196

Title            VICE CHAIR, DIRECTOR  
Name           VELDE, DAVID  
Address        4401 WILSON BLVD., SUITE 1100  
City-State-Zip: ARLINGTON VA 22203-4196

Title            SECRETARY, DIRECTOR  
Name           WYRSCH, MARY ANN  
Address        4401 WILSON BLVD., SUITE 1100  
City-State-Zip: ARLINGTON VA 22203-4196

Title            DIRECTOR  
Name           METZLER, CYNTHIA  
Address        4401 WILSON BLVD., SUITE 1100  
City-State-Zip: ARLINGTON VA 22203-4196

*I hereby 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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** SALLY A. BOOFER

PRESIDENT AND CEO

03/23/2018

Electronic Signature of Signing Officer/Director Detail

Date