

2015 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000005889

Entity Name: NWO, INC.**Current Principal Place of Business:**2 POND'S EDGE DR.
CHADDS FORD, PA 19317**Current Mailing Address:**P.O. BOX 999
CHADDS FORD, PA 19317**FEI Number:** 20-0422155**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**BRANDYWINE FINANCIAL SERVICES CORP
2631 MCCORMICK DR, STE 101
CLEARWATER, FL 33759 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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	DIRECTOR, PRESIDENT, TREASURER
Name	MOORE, BRUCE E
Address	2 PONDS EDGE DR.
City-State-Zip:	CHADDS FORD PA 19317

Title	VP
Name	DOYLE, DENISE M
Address	2 PONDS EDGE DR.
City-State-Zip:	CHADDS FORD PA 19317

Title	VP
Name	LYNAM, MICHAEL A
Address	2 PONDS EDGE DR.
City-State-Zip:	CHADDS FORD PA 19317

Title	SECRETARY
Name	PRICE, ELAINE C
Address	2 PONDS EDGE DR.
City-State-Zip:	CHADDS FORD PA 19317

Title	VP
Name	MOORE, ERIC C
Address	2 POND'S EDGE DR.
City-State-Zip:	CHADDS FORD PA 19317

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

SIGNATURE: BRUCE E MOORE**PRESIDENT****04/28/2015**_____
Electronic Signature of Signing Officer/Director Detail_____
Date