

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F99000006472

FILED
Apr 27, 2004
Secretary of State

Entity Name: THE WESTMORELAND AGENCY, INC.

Current Principal Place of Business:

456 NORTH KIMBALL PLACE
BOISE, ID 83704

New Principal Place of Business:

Current Mailing Address:

456 NORTH KIMBALL PLACE
BOISE, ID 83704

New Mailing Address:

FEI Number: 54-1858389 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 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: D () Delete
Name: BERSON, JORY
Address: 15000 CAPITAL ONE DRIVE
City-St-Zip: RICHMOND, VA 23238

Title: P () Delete
Name: BUDDE, SHAWN
Address: 15000 CAPITAL ONE DRIVE
City-St-Zip: RICHMOND, VA 23238

Title: D () Delete
Name: WEST, CATHERINE
Address: 11013 WEST BROAD STREET
City-St-Zip: GLEN ALLEN, VA 23060

Title: S () Delete
Name: SLADIC, NICHOLAS
Address: 11013 WEST BROAD STREET
City-St-Zip: GLEN ALLEN, VA 23060

Title: V () Delete
Name: BARUCH, LORI
Address: 456 NORTH KIMBALL PLACE
City-St-Zip: BOISE, ID 83704

Title: T (X) Delete
Name: GETZLOFF, CRAIG
Address: 456 NORTH KIMBALL PLACE
City-St-Zip: BOISE, ID 83704

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: WEST, CATHERINE
Address: 1680 CAPITAL ONE DRIVE
City-St-Zip: MCLEAN, VA 22102

Title: S (X) Change () Addition
Name: SLADIC, NICHOLAS
Address: 15000 CAPITAL ONE DRIVE
City-St-Zip: RICHMOND, VA 23238

Title: AS (X) Change () Addition
Name: BARUCH, LORI
Address: 15000 CAPITAL ONE DRIVE
City-St-Zip: RICHMOND, VA 23238

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: LORI BARUCH

AS

04/27/2004

Electronic Signature of Signing Officer or Director

_____ Date