

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F99000006472

FILED
Apr 20, 2007
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:

1680 CAPITAL ONE DRIVE
MCLEAN, VA 22102

Current Mailing Address:

1680 CAPITAL ONE DRIVE
ATTN: NUTAN SINHA
MCLEAN, VA 22102

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: WEST, CATHERINE
Address: 1680 CAPITAL ONE DRIVE
City-St-Zip: MCLEAN, VA 22102

Title: D () Delete
Name: FINNERAN, JOHN G JR.
Address: 1680 CAPITAL ONE DRIVE
City-St-Zip: MCLEAN, VA 22102

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

Title: S () Delete
Name: BORCHERT, FRANK R III
Address: 1680 CAPITAL ONE DRIVE
City-St-Zip: MCLEAN, VA 22102

Title: AS () Delete
Name: TRAUB, JEAN K
Address: 1680 CAPITAL ONE DRIVE
City-St-Zip: MCLEAN, VA 22102

Title: T () Delete
Name: LINEHAN, STEPHEN
Address: 1680 CAPITAL ONE DRIVE
City-St-Zip: MCLEAN, VA 22102

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: P (X) Change () Addition
Name: BERSON, JORY A
Address: 1680 CAPITAL ONE DRIVE
City-St-Zip: MCLEAN, VA 22102

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 Chapter 119, 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: JEAN K. TRAUB

AS

04/20/2007

Electronic Signature of Signing Officer or Director

_____ Date