2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 25, 2009
Secretary of State

DOCUMENT# 853688

Entity Name: EDM OF ORLANDO, INC.

Current Principal Place of Business:

220 MANSION HOUSE
3RD FLOOR
ST. LOUIS, MO 63102

New Principal Place of Business:

Current Mailing Address:

220 MANSION HOUSE
3 FL
ST LOUIS, MO 63102 US

New Mailing Address:

FEI Number: 43-1007373 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

REGISTERED AGENTS LEGAL SERVICES, INC.
155 OFFICE PLAZA DR.
SUITE A
TALLAHASSEE, FL 32301 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: P ( ) Delete
Name: MASOUMY, GHOLAM H
Address: 220 MANSION HOUSE
City-St-Zip: ST LOUIS, MO 63102

Title: SVP ( ) Delete
Name: SKASICK, STEVEN M
Address: 220 MANSION HOUSE
City-St-Zip: ST LOUIS, MO 63102

Title: EVP ( ) Delete
Name: WARREN, ROBERT A
Address: 220 MANSION HOUSE
City-St-Zip: ST LOUIS, MO 63102

Title: SVP ( ) Delete
Name: SCOTT, GEORGE S
Address: 220 MANSION HOUSE
City-St-Zip: ST. LOUIS, MO 63102

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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 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: DONNA SCOTT ACCT 03/25/2009

Electronic Signature of Signing Officer or Director — Date