

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000000780

FILED
Feb 08, 2008
Secretary of State

Entity Name: CHARLES L. CRANE AGENCY COMPANY

Current Principal Place of Business:

100 SOUTH FOURTH STREET, STE. 800
ST. LOUIS, MO 63102

New Principal Place of Business:

Current Mailing Address:

100 SOUTH FOURTH STREET, STE. 800
ST. LOUIS, MO 63102

New Mailing Address:

FEI Number: 43-1394059 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NATIONAL CORPORATE RESEARCH, LTD., INC.
515 E. PARK AVE.
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: REEDY, MICHAEL T
Address: 504 SHERWOOD DR
City-St-Zip: SAINT LOUIS, MO 63119

Title: DS () Delete
Name: BENOIST, W. ELLIOT
Address: 41 PICARDY LANE
City-St-Zip: ST. LOUIS, MO 63124

Title: C () Delete
Name: IMBS, R CHRISTOPHER
Address: 19 FORDYCE LN
City-St-Zip: SAINT LOUIS, MO 63124

Title: TEVP () Delete
Name: BERRA, THOMAS JR
Address: 14006 BOXFORD COURT
City-St-Zip: CHESTERFIELD, MO 63017

Title: T () Delete
Name: PURCELL, WILLIAM K
Address: 7228 WESTMORELAND
City-St-Zip: SAINT LOUIS, MO 63130

Title: SVP () Delete
Name: BOSCHERT, DAVID R
Address: 1867 CAMBERLY RD.
City-St-Zip: ST. LOUIS, MO 63131

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:

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: W. ELLIOT BENOIST

_____ Electronic Signature of Signing Officer or Director

DS

02/08/2008

_____ Date