

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000000780

FILED  
Feb 25, 2009  
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:

100 N BROADWAY STE. 900  
ST. LOUIS, MO 63102

## Current Mailing Address:

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

## New Mailing Address:

100 N BROADWAY STE. 900  
ST. LOUIS, MO 63102

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

DS

02/25/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date