2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 10, 2005 8:00 am
Secretary of State
02-10-2005 90048 048 ***150.00

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1. Entity Name
GENERAL AMERICAN DISTRIBUTORS, INC.

Principal Place of Business	Mailing Address
13045 TESSON FERRY RD. ST. LOUIS, MO 63128	13045 TESSON FERRY RD. ST. LOUIS, MO 63128

02022005 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 43-1906210 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P SUTHERLAND, LESLIE 13045 TESSON FERRY RD. ST. LOUIS, MO 63128	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP, CCO N. Robert Lazarus 13045 Tesson Ferry Rd St. Louis, MO 63128	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPS CAPRIGLIONE, DENNIS 13045 TESSON FERRY RD. ST. LOUIS, MO 63128	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Jay S. Kaduson, VPS 27-01 Queens Plaza North Long Island City, NY 11101	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP E PETERSON, JOHN E 13045 TESSON FERRY RD. ST. LOUIS, MO 63128	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T KOEGER, JAMES W 13045 TESSON FERRY RD. ST. LOUIS, MO 63128	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SUTHERLAND, LESLIE 13045 TESSON FERRY RD. ST. LOUIS, MO 63128	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DVP, CFO Timothy A. Spangenberg 13045 Tesson Ferry Rd St. Louis, MO 63128	☐ Change ☑ Addition

12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: James W. Koeger James W. Koeger, Treas. 2/4/05 314-525-9605
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #