

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F96000004289

FILED  
Jan 11, 2006  
Secretary of State

Entity Name: TARLTON CORPORATION

**Current Principal Place of Business:**

5500 W PARK AVE  
ST LOUIS, MO 63110

**New Principal Place of Business:**

**Current Mailing Address:**

5500 W PARK AVE  
ST LOUIS, MO 63110

**New Mailing Address:**

FEI Number: 43-0613116      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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: VP ( ) Delete  
Name: MOORE, DAVID R  
Address: 9426 FIREBUSH  
City-St-Zip: ST LOUIS, MO 63126

Title: EVP ( ) Delete  
Name: ELSPERMAN, DIRK G  
Address: 1645 FEATHERSTONE DR.  
City-St-Zip: SAINT LOUIS, MO 63131

Title: P ( ) Delete  
Name: HART, TRACY E  
Address: 56 HILL DR.  
City-St-Zip: SAINT LOUIS, MO 63122

Title: SECR ( ) Delete  
Name: GUHR, WENDY E  
Address: 11750 FAWN RIDGE  
City-St-Zip: DES PERES, 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:

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: DAVID R. MOORE

VP

01/11/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date