

**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

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DOCUMENT # F97000004490  
 1. Entity Name  
 FLEISHMAN-HILLARD INC.



FILED

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SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

*[Handwritten Signature]*

Principal Place of Business  
 200 N. BROADWAY  
 SAINT LOUIS, MO 63102

Mailing Address  
 200 N. BROADWAY  
 SAINT LOUIS, MO 63102



04272006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
 43-1791685

Applied For  
 Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

8. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY  
 1201 HAYS STREET  
 TALLAHASSEE, FL 32301-2525

**DO NOT WRITE IN THIS SPACE**

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, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	WREN, JOHN
STREET ADDRESS	437 MADISON AVE.
CITY-ST-ZIP	NEW YORK, NY 10022
TITLE	D
NAME	BIRKIN, MICHAEL
STREET ADDRESS	437 MADISON AVE.
CITY-ST-ZIP	NEW YORK, NY 10022
TITLE	D
NAME	HARRISON, THOMAS
STREET ADDRESS	437 MADISON AVE
CITY-ST-ZIP	NEW YORK, NY 10022
TITLE	CCD
NAME	GRAHAM, JOHN D
STREET ADDRESS	200 N BROADWAY
CITY-ST-ZIP	ST LOUIS, FL 63102
TITLE	T
NAME	WINKELER, WILLIAM B
STREET ADDRESS	200 N. BROADWAY
CITY-ST-ZIP	SAINT LOUIS, MO 63102
TITLE	CFOD
NAME	ROHLFING, FREDERIC L
STREET ADDRESS	200 N. BROADWAY
CITY-ST-ZIP	SAINT LOUIS, MO 63102

600079053876  
 08/23/06--01030--017 \*\*150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: William B. Winkeler WILLIAM B. WINKELER 4/27/06 (314) 982-1700  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #



26F2

Fleishman-Hillard Inc.  
200 N. Broadway  
St. Louis, MO 63102-2796  
Tel: 314-982-8689  
Fax: 314-982-0586  
www.fleishman.com

Rebecca K. Finley, CPA

August 1, 2006

Florida Department of State  
Secretary of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Dear Madam or Sir:

Fleishman-Hillard Inc. is resubmitting our annual report with the appropriate fee attached and proof of original filing date. We ask that you abate the penalty of \$400. We were surprised to receive notice of intent to dissolve and upon investigation realized that the check that should have been included with the original filing was inadvertently misplaced. We have always filed timely with your office and ask that you forgive us this one mistake.

Unless I hear otherwise from your office, I will consider this matter closed. If you have any questions please contact me at 314-982-8689 between the hours of 8:00 and 4:30 CST. Thank you for your time and assistance in resolving this issue.

Sincerely,

A handwritten signature in black ink that reads "Rebecca K. Finley". The signature is written in a cursive, flowing style.

Rebecca K. Finley  
Manager - Taxes

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To make ourselves as valuable to our clients as they are to us...●