

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F97000004490

FILED  
Apr 20, 2011  
Secretary of State

**Entity Name:** FLEISHMAN-HILLARD INC.

**Current Principal Place of Business:**

200 N. BROADWAY  
SAINT LOUIS, MO 63102

**New Principal Place of Business:**

**Current Mailing Address:**

200 N. BROADWAY  
SAINT LOUIS, MO 63102

**New Mailing Address:**

**FEI Number:** 43-1791685      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 323012525 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

**OFFICERS AND DIRECTORS:**

Title: C  
Name: GRAHAM, JOHN  
Address: 200 NORTH BROADWAY  
City-St-Zip: SAINT LOUIS, MO 63102

Title: PCEO  
Name: SENAY, DAVID  
Address: 200 NORTH BROADWAY  
City-St-Zip: SAINT LOUIS, MO 63102

Title: D  
Name: HARRISON, THOMAS  
Address: 437 MADISON AVE  
City-St-Zip: NEW YORK, NY 10022

Title: CFO  
Name: ROHLFING, FREDERIC  
Address: 200 NORTH BROADWAY  
City-St-Zip: SAINT LOUIS, MO 63102

Title: T  
Name: WINKELER, WILLIAM B  
Address: 200 N. BROADWAY  
City-St-Zip: SAINT LOUIS, MO 63102

Title: S  
Name: ZANGARA, DEBORAH  
Address: 437 MADISON AVENUE  
City-St-Zip: NEW YORK, NY 10022

I hereby 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 all other like empowered.

SIGNATURE: WILLIAM B. WINKELER

T

04/20/2011

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date