FILED 0, 2007 8:00 am etary of State 2007 90820 012 ***150.00

2007 FOR PROFIT CORPORAT	Apr 30, 2 Secreta	
DOCUMENT # 853453 1. Entity Name		04-30-2007 90

VANLINE	e R INSURANCE COMPANY					0,00,00	,, , , o o o o o		.50.00
Principal Place ONE PREMIE ST LOUIS, MO	R DRIVE	Mailing Address ONE PREMIER DRIVE ST LOUIS, MO 63026	US		J q	Juan			
2. Principal P	tace of Business - No P.O. Box #	3. Mailing Address	·····						
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			04232007	Chg-P	CR2E0	34 (12/06)	
City & State	6	City & State			4. FEI Numb 86-01				oplied For ot Applicable
Zi,>	Country	Zip	Country	,	5. Certificate	e of Status Desired		\$8.75 Add Fee Require	
	6. Name and Address of Current	Registered Agent			7. Name an	d Address of New R	legistered A	\gent	
0105550	ANOLAL OFFICER		!	Name					
	IANCIAL OFFICER 3200 (32314-6200) INES ST	Street Address		s (P.O. Box Numb	per is Not Acceptable	9)			
	SSEE, FL 32399-0000			<u> </u>				1 7 2 1	
	8		İ	City			FL	Zip Cod	Ð
	named entity submits this statement for ions of registered agent.	r the purpose of changing its	registered	office or regis	stered agent, or be	oth, in the State of Flo	orida. I am I	amiliar with,	and accept
SIGNATURE	Signature, typed of protod name of registered agent	and little if applicable. (NOT	E: Registered A	gent signature requ	rired when reinstating)		DATE		
	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.	9. Election Campa Trust Fund Cont	-		55.00 May Be added to Fees				
10.	OFFICERS AND								
	OTTICE TO AND	DIRECTORS	11.		ADDITIONS	CHANGES TO OFF	ICERS AND	DIRECTOR	S IN 11
TITLE	P '.	DIRECTORS Delete	11.		ADDITIONS	/CHANGES TO OFF	ICERS AND	DIRECTOR:	S IN 11
NAME	P :. KRANISKY, MICHAEL		TITLE NAME		ADDITIONS	CHANGES TO OFF	ICERS AND		
NAME STREET ADDRESS	P KRANISKY, MICHAEL ONE PREMIER DR		TITLE NAME STREET	ADDRESS	ADDITIONS	CHANGES TO OFF	ICERS AND		
NAME	P KRANISKY, MICHAEL ONE PREMIER DR FENTON, MO 63026		TITLE NAME	I	ADDITIONS	OCHANGES TO OFF	ICERS AND	Change	Addition
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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:

Gale Preston

Sydnature and Typed or Printed Name of Signing Officer or Director

636-349-9889 Daytime Phone #