2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 266206

Title:

Name:

Address:

City-St-Zip:

SD

MOSS, JAMES

1717 OLIVE STREET

SAINT LOUIS, MO 63103

() Delete

ne: NORTH MAIN & FORSYTH ST CORP

FILED Mar 10, 2008 Secretary of State

Entity Nan	ie: NORTHIV	IAIN & FORSYTH ST CORP					
Current Principal Place of Business:				New Principal Place of Business:			
1717 OLIVE STREET ST LOUIS, MO 63103				141 NORTH MERAMEC SUITE 312 CLAYTON, MO 63105			
Current Mailing Address:				New Mailing Address:			
1717 OLIVE STREET ST LOUIS, MO 63103				141 NORTH MERAMEC SUITE 312 CLAYTON, MO 63105			
FEI Number:	43-6067388	FEI Number Applied For ()	FEI Nun	nber Not Appli	icable ()	Certificate of Status	Desired ()
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:			
1201 HAYS SUITE 105		DRATION COMPANY					
The above in the State		ubmits this statement for the p	ourpose o	f changing it	ts registered of	ffice or registered a	gent, or both,
SIGNATUR	:E:						
Electronic Signature of Registered Agent						Date	
Election Cam	paign Financing	Trust Fund Contribution ().					
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	PD () GROLLMAN, DO 11 OAKLEIGH L ST LOUIS, MO			Title: Name: Address: City-St-Zip:	()	Change () Addition	
Title: Name: Address: City-St-Zip:	VPD () PALMER, STAN 7456 YORK DR ST LOUIS, MO	Delete LEY,		Title: Name: Address: City-St-Zip:	VPD (X) PALMER, STAN 7456 YORK DR CLAYTON, MO	,	

I hereby certify that the information supplied with this filing does not qualify 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.

Title:

Name:

Address:

City-St-Zip:

SD

MOSS, JAMES

141 NORTH MERAMEC

CLAYTON, MO 63105

(X) Change () Addition

SIGNATURE: STANLEY P. PALMER VPD 03/10/2008