2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 250833

Entity Name: BURNT STORE UTILITIES, INC.

FILED Apr 22, 2008 Secretary of State

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Current Pr	incipal Plac	e of Business:	New Principal Place of Business:	
212 SOUTH SUITE 100 ST LOUIS,	HCENTRAL MO 63105	US		
Current Mailing Address:			New Mailing Address:	
212 SOUTH SUITE 100 ST LOUIS,	HCENTRAL MO 63105	US		
FEI Number:	59-1757998	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()
Name and Address of Current Registered Agent:			Name and Address of New Registered Agent:	
FORD, BO\ 10110 SAN	HERESA M WLUS, DUS JOSE BLVD /ILLE, FL 32	S, MORGAN, KENNEY, SAFEF)	₹	
The above in the State	named entity of Florida.	submits this statement for the	purpose of changing its registered	d office or registered agent, or both,
SIGNATUR	E:			
	Electro	nic Signature of Registered Ag	ent	Date
Election Cam	paign Financii	ng Trust Fund Contribution ().		
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
Title: Name: Address: City-St-Zip:	LOVE, ANDRE	ENTRAL, SUITE 201	Title: Name: Address: City-St-Zip:	()Change ()Addition
Title: Name: Address: City-St-Zip:	SCHIFFER, L	ENTRAL, SUITE 201	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	CLEMENT, GI	ENTRAL SUITE 301	Title: Name: Address: City-St-Zip:	()Change ()Addition
Title:	AT () Delete	Title:	() Change () Addition

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.

Name:

Address:

City-St-Zip:

SIGNATURE: LAURENCE A SCHIFFER PRES 04/22/2008

KOVARIK, ANNETTE M

ST LOUIS, MO 63105

212 SOUTH CENTRAL, SUITE 301

Name:

Address:

City-St-Zip: