2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#719775

FILED Jan 07, 2008 Secretary of State

Entity Name: JUNIOR CHAMBER INTERNATIONAL (JCI) INC.

Current Principal Place of Business: New Principal Place of Business: 15645 OLIVE BOULEVARD CHESTERFIELD, MO 63017 **Current Mailing Address: New Mailing Address:** 15645 OLIVE BOULEVARD CHESTERFIELD, MO 63017 FEI Number: 59-0738429 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: EZELL, BOYCE F III 2333 PONCE DE LEON BOULEVARD STE 303 CORAL GABLES, FL 33134 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete (X) Change () Addition GREENLEE, SCOTT HANLON, GRAHAM Name: Name: 15645 OLIVE BOULEVARD Address: 15645 OLIVE BOULEVARD Address: City-St-Zip: CHESTERFIELD, MO 63017 City-St-Zip: CHESTERFIELD, MO 63017 Title: SG () Delete Title: () Change () Addition KODAMA, EDSON Name: Name: Address: 15645 OLIVE BOULEVARD Address: City-St-Zip: CHESTERFIELD, MO 63017 City-St-Zip: Title: GLC () Delete Title: GLC (X) Change () Addition TOMLIN, LORI KIAU, LAW L Name: Name: 15645 OLIVE BOULEVARD 15645 OLIVE BOULEVARD Address: Address: City-St-Zip: CHESTERFIELD, MO 63017 City-St-Zip: CHESTERFIELD, MO 63017 Title: () Delete Title: TREA () Change (X) Addition Name: Name: MCALLISTER, MICHELLE Address: Address: 15645 OLIVE BOULEVARD City-St-Zip: City-St-Zip: CHESTERFIELD, MO 63017 Title: () Delete Title: CEOP () Change (X) Addition SHIN, JUN S Name: Name: 15645 OLIVE BOULEVARD Address: Address: City-St-Zip: City-St-Zip: CHESTERFIELD, MO 63017 Title: () Delete Title: () Change (X) Addition SAWYER, EARL D Name: Name: Address: Address: 15645 OLIVE BOULEVARD CHESTERFIELD, MO 63017 City-St-Zip: City-St-Zip:

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: EARL D. SAWYER ED 01/07/2008