2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 19, 2004 08:00 AM
Secretary of State

DOCUMENT # 808452

1. Entity Name
HILLYARD, INC.

Principal Place of Business	Mailing Address
302 NORTH 4TH ST. ST JSOEPHS, MO 64501-1720	302 NORTH 4TH ST. ST JSOEPHS, MO 64501-1720

DO NOT WRITE IN THIS SPACE

01302004 No Chg-P CR2E034 (10/03)

4. FEI Number
44-0522196
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	HILLYARD, M. SCOTT
STREET ADDRESS	2619 LOVERS LN
CITY-ST-ZIP	ST JOSEPH, MO 00000,
TITLE	D
NAME	CAROLUS, JAMES P.
STREET ADDRESS	2831 LOVERS LANE
CITY-ST-ZIP	ST JOSEPH, MO
TITLE	T
NAME	CAROLUS, JAMES
STREET ADDRESS	2831 LOVERS LANE
CITY-ST-ZIP	ST. JOSEPH, MO
TITLE	SVD
NAME	ROTH, JAMES H.
STREET ADDRESS	12759 LAKELAND AVE
CITY-ST-ZIP	ST. JOSEPH, MO
TITLE	PD
NAME	ROTH, ROBERT W.
STREET ADDRESS	1302 ASHLAND
CITY-ST-ZIP	ST. JOSEPH, MO
TITLE	AST
NAME	AMBROSE, NEIL
STREET ADDRESS	4110 NE 5812 TERRACE
CITY-ST-ZIP	KANSAS CITY, MO 64119

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03/19/04-80009-010 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information 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: Neil Ambrose Vice President 3-11-04 816-452-4259
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #