2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2009
Secretary of State

DOCUMENT# 808452

Entity Name: HILLYARD, INC.

Current Principal Place of Business:

302 NORTH 4TH ST.
ST JSOEPHS, MO 645011720

New Principal Place of Business:

Current Mailing Address:

302 NORTH 4TH ST.
ST JSOEPHS, MO 645011720

New Mailing Address:

FEI Number: 44-0522196 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: HILLYARD, M. SCOTT
Address: 2619 LOVERS LN
City-St-Zip: ST JOSEPH, MO 00000,

Title: D ( ) Delete
Name: CAROLUS, JAMES P.
Address: 2831 LOVERS LANE
City-St-Zip: ST JOSEPH, MO

Title: T ( ) Delete
Name: CAROLUS, JAMES
Address: 2831 LOVERS LANE
City-St-Zip: ST. JOSEPH, MO

Title: SVD ( ) Delete
Name: ROTH, JAMES H.
Address: 12759 LAKELAND AVE
City-St-Zip: ST. JOSEPH, MO

Title: PD ( ) Delete
Name: ROTH, ROBERT W.
Address: 1302 ASHLAND
City-St-Zip: ST. JOSEPH, MO

Title: AST ( ) Delete
Name: AMBROSE, NEIL
Address: 4110 NE 5812 TERRACE
City-St-Zip: KANSAS CITY, MO 64119

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: NEIL T. AMBROSE T 04/22/2009

Electronic Signature of Signing Officer or Director — Date