2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 30, 2011
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

OFFICERS AND DIRECTORS:

Title: VD
Name: HILLYARD, SCOTT M
Address: 2619 LOVERS LN
City-St-Zip: ST JOSEPH, MO 64506 US

Title: VD
Name: CAROLUS, JAMES P
Address: 2831 LOVERS LANE
City-St-Zip: ST JOSEPH, MO 64506 US

Title: V
Name: HAMPTON, MARK W
Address: 8507 NW LAKEVIEW DR.
City-St-Zip: PARKVILLE, MO 64152 US

Title: SVD
Name: ROTH, JAMES H
Address: 12759 LAKELAND AVE
City-St-Zip: ST. JOSEPH, MO 64506 US

Title: PD
Name: ROTH, ROBERT W
Address: 1302 ASHLAND
City-St-Zip: ST. JOSEPH, MO 64506 US

Title: VT
Name: AMBROSE, NEIL T
Address: 4110 NE 5812 TERRACE
City-St-Zip: KANSAS CITY, MO 64119 US

I hereby 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 all other like empowered.

SIGNATURE: NEIL T AMBROSE TREA 03/30/2011

Electronic Signature of Signing Officer or Director — Date