


MAIL

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90563 042 ***150.00

DOCUMENT # 832679 1. Entity Name LEGGETT & PLATT, INCORPORATED	
--	---

Principal Place of Business NO. 1 - LEGGETT ROAD PO BOX 757 CARTHAGE, MO 64836	Mailing Address NO. 1 - LEGGETT ROAD PO BOX 757 CARTHAGE, MO 64836
---	---



04192005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 44-0324630	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324	<p>DO NOT WRITE IN THIS SPACE</p>
---	--

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

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
---	--

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CORNELL, JR., H.M. NO 1 LEGGETT ROAD CARTHAGE, MO 64836
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V PURSER, KENNETH W NO 1 LEGGETT ROAD CARTHAGE, MO 64836
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD WRIGHT, F.E. NO 1 LEGGETT ROAD CARTHAGE, MO 64836
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT MOSSBECK, SHERI L NO 1 LEGGETT RD CARTHAGE, MO 64836
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BENTELE, RAYMOND F NO 1 LEGGETT ROAD CARTHAGE, MO 64836
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HEFFNER, DAVID S. HAFNER, David S. NO 1 LEGGETT ROAD CARTHAGE, MO 64836

DO NOT WRITE IN THIS SPACE

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: Kenneth W. Purser *Kenneth W. Purser* 4/25/05 417-358-8131
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #