

MAIL**2006 FOR PROFIT CORPORATION
ANNUAL REPORT****FILED**
May 04, 2006 08:00 AM
Secretary of State**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****DO NOT WRITE IN THIS SPACE**

04272006 No Chg-P CR2E034 (11/05)

4. FEI Number
44-0324630Applied For
Not Applicable5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required****6. Name and Address of Current Registered Agent****CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324****DO NOT WRITE
IN THIS SPACE**

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, 2006 Fee will be \$550.00**9. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00 May Be
Added to Fees****U00000562185
05/19/06-80042-012 150.00****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
HAFFNER, 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 exemptions contained 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Kenneth W Purser
Vice President**

Date

Daytime Phone #

5/01/06 417-358-8131