


**MAIL**  
**2007 FOR PROFIT CORPORATION**  
**ANNUAL REPORT**

**FILED**  
**May 02, 2007 08:00 A**  
**Secretary of State**

<b>DOCUMENT # 832679</b> 1. Entity Name <b>LEGGETT &amp; PLATT, INCORPORATED</b>	
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Principal Place of Business <b>NO. 1 - LEGGETT ROAD</b> <b>PO BOX 757</b> <b>CARTHAGE, MO 64836</b>	Mailing Address <b>NO. 1 - LEGGETT ROAD</b> <b>PO BOX 757</b> <b>CARTHAGE, MO 64836</b>
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04202007 No Chg-P CR2E034 (11/05)

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

6. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM**  
**1200 SOUTH 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_


<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>U00000754153</b> <b>05/22/07-80050-023 150.00</b>
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10. OFFICERS AND DIRECTORS

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

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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:**  **Kenneth W. Purser**  
 Vice President

**4/27/07** **417 358-8131**  
 Date Daytime Phone #