

MAIL

2008 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
May 05, 2008 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



04022008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
44-0324630
Applied For
Not Applicable
5. 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

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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, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

00000948557
05/02/08-80053-025 150.00

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

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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 to the best of my knowledge and belief.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Kenneth W. Purser
Vice President

April 30, 2008

Date

Daytime Phone #

417-358-8131