

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 832913

FILED
Mar 19, 2009
Secretary of State

Entity Name: INDUSTRY GENERAL CORPORATION

Current Principal Place of Business:

5384 POPLAR AVENUE, SUITE 500
MEMPHIS, TN 38119

New Principal Place of Business:

Current Mailing Address:

9301 OLIVE BLVD
ST LOUIS, MO 63132

New Mailing Address:

FEI Number: 62-0869811

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: ACKERMAN, STEPHEN C PRES.
Address: 9301 OLIVE BOULEVARD
City-St-Zip: ST. LOUIS, MO 63132 US

Title: T () Delete
Name: ZITNEY, ROBERT L TREAS.
Address: 54 WESTLAKE ROAD
City-St-Zip: TRUMBULL, CT 06430 US

Title: S () Delete
Name: MILLER, ROBERT M SEC.
Address: 5 WINSLOW ROAD
City-St-Zip: WESTON, CT 06883 US

Title: VP () Delete
Name: GUASCO, RAYMOND L VP
Address: 5384 POPLAR AVENUE, SUITE 500
City-St-Zip: MEMPHIS, TN 38119 US

Title: VP () Delete
Name: GOTT, REG L VP
Address: PO BOX 18, FALCON WORKS, NOTTINGHAM ROAD
City-St-Zip: LOUGHBOROUGH, LEICESTERSHIRE, UK LE11 1HJ UK

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change () Addition
Name: DAVID, BAKER
Address: 9301 OLIVE BLVD
City-St-Zip: ST. LOUIS, MO 63132 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: DAVID BAKER

VP

03/19/2009

Electronic Signature of Signing Officer or Director

Date