2007 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # 835699

1. Entity Name

EXECUTIVE REALTY COMPANY OF MISSOURI



FILED Apr 23, 2007 08:00 AM Secretary of State

Principal Place of Business

600 CORPORATE PARK DR SAINT LOUIS, MO 63105 Mailing Address

ATTN: MARK LITOW 600 CORPORATE PARK DR SAINT LOUIS, MO 63105



04182007

No Cha-P

CR2E034 (11/05)

FEI Number
 43-0905323

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND RD. PLANTATION, FL 33324

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	named entity submits this statement for the prions of registered agent.	urpose of changing its registere	d office or r	egistered agent, or bo	th, in the State of Florida. I am familiar with, and accept
SIGNATURE	Signature, typeo or printed name of registered agent and title it	applicable (NOTE, Registered	Agent signature	required when reinstahing)	DATE
	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	Election Campaign Finan Trust Fund Contribution.	cing	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	TORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CONTACT TO THE CONTACT TO T	PD TAYLOR, JACK C. 35 HUNTER AVE SAINT LOUIS, MO 63124 S LITOW, MARK I 600 CORPORATE PARK DR ST. LOUIS, MO 63105 VASD TAYLOR, ANDREW C. 600 CORPORATE PARK DR ST. LOUIS, MO			U00000723076 05/02/07-80058-005 150.0 DO NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DONALD L ROSS 600 CORPORATE PARK DR SAINT LOUIS, MO 63105		IN THIS SPACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTAS SNYDER, WILLIAM W 600 CORPORATE PARK DR SAINT LOUIS, MO 63105				· · · · · · · · · · · · · · · · · · ·
TITLE					

12. I hereby certify that the information supplied with this filling 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:

NAME STREET ADDRESS CITY-ST-ZIP

IGNATURE AND TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/18/07

314-512-5000

Daytime Phone #