

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 03, 2001 8:00 am**  
**Secretary of State**  
 05-03-2001 91006 033 \*\*\*150.00

0000396

**DOCUMENT # 841279**

1. Entity Name  
**LEGGETT WIRE COMPANY**

**MAIL**

Principal Place of Business  
**THE CORPORATION TRUST COMPANY**  
**1209 ORANGE STREET**  
**WILMINGTON DE 19801**  
**US**

Mailing Address  
**NO. 1. LEGGETT ROAD**  
**PO BOX 757**  
**CARTHAGE MO 64836**

2. Principal Place of Business  
**No. 1 Leggett Road**

3. Mailing Address  
 Suite, Apt. #, etc.

City & State  
**Carthage, mo**

City & State  
 City & State

Zip  
**64836**

Country  
**U.S.**

4. FEI Number **43-1140879**

Applied For  
 Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent  
**CT CORPORATION SYSTEM**  
**1200 S. PINE ISLAND ROAD**  
**PLANTATION FL 33324**

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** Zip Code

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.

SIGNATURE \_\_\_\_\_  
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☒

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**

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

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	VSD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EARNEST C. JETT		NAME		
STREET ADDRESS	NO 1 LEGGETT RD		STREET ADDRESS		
CITY-ST-ZIP	CARTHAGE MO		CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAFFNER, DAVID S		NAME		
STREET ADDRESS	NO 1 LEGGETT RD		STREET ADDRESS		
CITY-ST-ZIP	CARTHAGE MO 64836		CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GLAUBER, MICHAEL A		NAME		
STREET ADDRESS	NO 1 LEGGETT RD		STREET ADDRESS		
CITY-ST-ZIP	CARTHAGE, MO 00000		CITY-ST-ZIP		
TITLE	P	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DOWNES, JOSEPH D JR.		NAME		
STREET ADDRESS	100 MAIN STREET		STREET ADDRESS		
CITY-ST-ZIP	CARTHAGE MO 64836		CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PURSER, KENNETH W		NAME		
STREET ADDRESS	NO.1 LEGGETT RD		STREET ADDRESS		
CITY-ST-ZIP	CARTHAGE MO		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRADSHAW, SHERI L		NAME		
STREET ADDRESS	NO 1 LEGGETT ROAD		STREET ADDRESS		
CITY-ST-ZIP	CARTHAGE MO 64836		CITY-ST-ZIP		

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Kenneth W. Purser - Vice President 4/26/01 417-358-8131  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)