
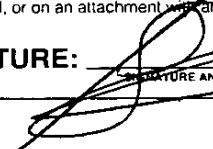


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 27, 2005 8:00 am**  
**Secretary of State**

01-27-2005 90042 031 \*\*\*150.00

<b>DOCUMENT # 843408</b> 1. Entity Name CPFILMS INC.					
Principal Place of Business 4210 THE GREAT RD STATE RTE. 683 FIELDALE, VA 24089 US			Mailing Address POST OFFICE BOX 5068 MARTINSVILLE, VA 24115-5068 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>06-0385340</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND RD. PLANTATION, FL 33324				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;"> <b>FL</b> Zip Code         </div>	
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 reconstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	VICKERS, KEN		NAME		
STREET ADDRESS	STATE ROAD 683 - WHITBY ACRES		STREET ADDRESS		
CITY-ST-ZIP	FIELDALE, VA		CITY-ST-ZIP		
TITLE	VPD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SOLOMON, PHIL		NAME		
STREET ADDRESS	STATE ROAD 683 WHITBY ACRES		STREET ADDRESS		
CITY-ST-ZIP	FIELDALE, VA		CITY-ST-ZIP		
TITLE	VPO	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GREER, BRUCE G JR		NAME		
STREET ADDRESS	575 MARYVILLE CENTER DR		STREET ADDRESS		
CITY-ST-ZIP	SAINT LOUIS, MO 63146		CITY-ST-ZIP		
TITLE	ATS	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	QUINN, JEFF		NAME		
STREET ADDRESS	575 MARYVILLE CENTRE DR		STREET ADDRESS		
CITY-ST-ZIP	SAINT LOUIS, MO 63146		CITY-ST-ZIP		
TITLE	VO	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WILSON, KEVIN C		NAME		
STREET ADDRESS	575 MARYVILLE CENTRE DRIVE		STREET ADDRESS		
CITY-ST-ZIP	SAINT LOUIS, MO 63146		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	TEMMERMAN, LUC DE		NAME		
STREET ADDRESS	575 MARYVILLE CENTRE DRIVE		STREET ADDRESS		
CITY-ST-ZIP	SAINT LOUIS, MO 63146		CITY-ST-ZIP		
12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other officers empowered.					
SIGNATURE: 			Phil Solomon		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			1/13/05 276-627-3252		

CPFilms Inc.  
PO Box 5068  
Martinsville, VA 24115  
FEI No. 06-0385340

ATTACHMENT  
# 843408

40007235

Officers and Directors

Additions/Changes to Officers &  
Directors

Title Name Street Add. City State Zip		Title Name Street Add. City State Zip	<b>Addition:</b> <b>VP/O/T</b> James A. Tichenor 575 Maryville Centre Drive St. Louis, MO 63146
Title Name Street Add. City State Zip		Title Name Street Add. City State Zip	<b>Addition:</b> <b>VP/O</b> Timothy J. Spihlman 575 Maryville Centre Drive St. Louis, MO 63146
Title Name Street Add. City State Zip		Title Name Street Add. City State Zip	<b>Addition:</b> <b>VP/O/S</b> Rosemary L. Klein 575 Maryville Centre Drive St. Louis, MO 63146
Title Name Street Add. City State Zip		Title Name Street Add. City State Zip	<b>Addition:</b> <b>O/S</b> David P. McCool 575 Maryville Centre Drive St. Louis, MO 63146
Title Name Street Add. City State Zip		Title Name Street Add. City State Zip	<b>Addition:</b> <b>O/S</b> Miriam R. Singer 575 Maryville Centre Drive St. Louis, MO 63146
Title Name Street Add. City State Zip		Title Name Street Add. City State Zip	<b>Addition:</b> <b>D/O/T</b> Phillip M. Gnolfo 575 Maryville Centre Drive St. Louis, MO 63146