


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 21, 2006 8:00 am**  
**Secretary of State**

04-21-2006 90123 012 \*\*\*150.00

<b>DOCUMENT # 843408</b> 1. Entity Name <b>CPFILMS INC.</b>					
Principal Place of Business <b>4210 THE GREAT RD STATE RTE. 683 FIELDALE, VA 24089 US</b>			Mailing Address <b>POST OFFICE BOX 5068 MARTINSVILLE, VA 24115-5068 US</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>06-0385340</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> <input checked="" type="checkbox"/>	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND RD. PLANTATION, FL 33324</b>			Name  Street Address (P.O. Box Number is Not Acceptable)  City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>PD VICKERS, KEN STATE ROAD 683 - WHITBY ACRES FIELDALE, VA</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>Chairman Emeritus</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>VPD SOLOMON, PHIL STATE ROAD 683 WHITBY ACRES FIELDALE, VA</b> <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>President Kent J. Davies 575 Maryville Centre Dr. St. Louis, MO 63146</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>VPO GREER, BRUCE G JR 575 MARYVILLE CENTER DR SAINT LOUIS, MO 63146</b> <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>V.P. Asst. Treas. James A. Tichenor 575 Maryville Centre Drive St. Louis, MO 63146</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>ATS QUINN, JEFF 575 MARYVILLE CENTRE DR SAINT LOUIS, MO 63146</b> <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>V.P. Timothy J. Spihlman 575 Maryville Centre Drive St. Louis, MO 63146</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D TEMMERMAN, LUC DE 575 MARYVILLE CENTRE DRIVE SAINT LOUIS, MO 63146</b> <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>V.P. Sec. Rosemary Klein 575 Maryville Centre Dr. St. Louis, MO 63146</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>Asst. Sec. David P. McCool 575 Maryville Centre Dr. St. Louis, MO 63146</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
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.					
<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Ken Vickers 4/12/06 <small>Date Daytime Phone #</small>		



ATTACHMENT

20034409

# 843408

CPFilms Inc.

P.O. Box 5068  
Martinsville  
Virginia 24115  
(276) 627-3000  
Fax: (276) 627-3510

Asst. Sec.  
Miriam R. Singer  
575 Maryville Centre Dr.  
St. Louis, MO 63146

Directors:

Kent J. Davies  
575 Maryville Centre Dr.  
St. Louis, MO 63146

Robert T. Debolt  
575 Maryville Centre Dr.  
St. Louis, MO 63146

James R. Voss  
575 Maryville Centre Dr.  
St. Louis, MO 63146