## 2006 FOR PROFIT CORPORATION

## Apr 28, 2006 8:00 am Secretary of State **ANNUAL REPORT** DOCUMENT # F00000000844 04-28-2006 90176 018 \*\*\*150.00 1. Entity Name SPARTECH INDUSTRIES FLORIDA, INC. Principal Place of Business Mailing Address 40069559 2900 MURRELL ROAD 120 S CENTRAL AVENUE ROCKLEDGE, FL 32955 US Suite 1700 CLAYTON, MO 63105 2. Principal Place of Business 3. Mailing Address Suite. Apt. #. etc. Suite Apt #, etc. 01052006 CR2E034 (11/05) City & State City & State 4. FEI Number Applied For 43-1876413 Not Applicable Zip Zip \$8.75 Additional Country Country 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 City Zip Code FL 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. Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOWIII FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. Delete Change Addition TITLE TITLE Abd, George A **BUECHLER, BRADLEY B** NAME 120 S. CENTRAL Ave, Scrite 1700 STREET ADDRESS 120 SOUTH CENTRAL AVENUE, SUITE 1700 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CLAYTON, MO 63105 Couton, MO TITLE **EVPD** Delete TITLE ☐ Change ■ Addition MARTIN, RANDY C NAME MASAF STREET ADDRESS 120 SOUTH CENTRAL AVENUE, SUITE 1700 STREET ADDRESS CITY-ST-ZIP CLAYTON, MO 63105 CITY-\$1-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition FISHER, JEFFREY D NAME NAME STREET ADDRESS 120 SOUTH CENTRAL AVENUE, SUITE 1700 STREET ADDRESS CLAYTON, MO 63105 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-21P TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - 7IP TITLE ☐ Delete TITLE Change ☐ Addition

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 eath; 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 effect inkered provided in the corporation 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 effect in the corporation or the receiver or trustee empowered.

STREET ADDRESS

CITY-ST-ZIP

NAME

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

JEFFRES D FISHER

314-721-4242

**FILED**