

MAIL

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 02, 2007 08:00 A
Secretary of State

DOCUMENT # F00000001180

1. Entity Name
LEGGETT & PLATT COMPONENTS COMPANY, INC.



Principal Place of Business

**NO. 1 LEGGETT ROAD
CARTHAGE, MO 64836**

Mailing Address

**NO. 1 LEGGETT ROAD
CARTHAGE, MO 64836**



04202007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
43-1854610

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 ROAD
PLANTATION, FL 33324**

**DO NOT WRITE
IN THIS SPACE**

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)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**U00000754155
05/22/07-80050-025 150.00**

10. OFFICERS AND DIRECTORS

TITLE	V
NAME	GLASSMAN, KARL G
STREET ADDRESS	NO. 1 LEGGETT ROAD
CITY-ST-ZIP	CARTHAGE, MO 64836
TITLE	P
NAME	HAFFNER, DAVID S
STREET ADDRESS	NO. 1 LEGGETT ROAD
CITY-ST-ZIP	CARTHAGE, MO 64836
TITLE	VSD
NAME	JETT, ERNEST C
STREET ADDRESS	NO. 1 LEGGETT ROAD
CITY-ST-ZIP	CARTHAGE, MO 64836
TITLE	T
NAME	MOSSBECK, SHERI L
STREET ADDRESS	NO. 1 LEGGETT ROAD
CITY-ST-ZIP	CARTHAGE, MO 64836
TITLE	V
NAME	PURSER, KENNETH W
STREET ADDRESS	NO 1 LEGGETT ROAD
CITY-ST-ZIP	CARTHAGE, MO 64836
TITLE	V
NAME	FLANIGAN, MATTHEW C
STREET ADDRESS	NO 1 LEGGETT ROAD
CITY-ST-ZIP	CARTHAGE, MO 64836

**DO NOT WRITE
IN THIS SPACE**

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.

SIGNATURE: *[Signature]* Vice President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/07 417-358-8131
Date Daytime Phone #