


**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 14, 2008 08:00 AM
Secretary of State

DOCUMENT # F00000002154 1. Entity Name THE CUNNANE FOUNDATION, INCORPORATED	
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Principal Place of Business 60 SEAGATE DRIVE, UNIT P106 NAPLES, FL 34103 US	Mailing Address 60 SEAGATE DRIVE, UNIT P106 NAPLES, FL 34103 US
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DO NOT WRITE IN THIS SPACE



01082008 No Chg-NP CR2E037 (4/06)

4. FEI Number 54-1691517	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**CUNNANE, JAMES J SR
60 SEAGATE DRIVE
P106
NAPLES, FL 34103**

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U00000783874 01/16/08-80031-022 61.25
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD CUNNANE, JAMES J SR 60 SEAGATE DRIVE, UNIT P106 NAPLES, FL 34103
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CUNNANE, EDITH C 60 SEAGATE DRIVE, UNIT P106 NAPLES, FL 34103
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD CUNNANE, JAMES J JR 8112 MARYLAND, SUITE400 ST. LOUIS, MO 63105
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD STEBELMAN, CORNELIA B 13663 AMIOT DRIVE ST. LOUIS, MO 63141
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**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 617, 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:  **JAMES J. CUNANE** 1/8/08 239-420-2122
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #