

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F01000002037

FILED
Apr 29, 2005
Secretary of State

Entity Name: THE LAWRENCE GROUP, INC.

Current Principal Place of Business:

319 NORTH 4TH STREET, STE 1000
ST LOUIS, MO 63102

New Principal Place of Business:

Current Mailing Address:

319 NORTH 4TH STREET, STE 1000
ATTN: JUDY BOTZ
ST LOUIS, MO 63102

New Mailing Address:

319 NORTH 4TH STREET, STE 1000
ATTN: KAREN MUSICK
ST LOUIS, MO 63102

FEI Number: 43-1757709

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: SMITH, STEPHEN A
Address: 319 NORTH 4TH ST., STE 1000
City-St-Zip: ST LOUIS, MO 63102

Title: V () Delete
Name: DOERNER, PAUL C
Address: 319 NORTH 4TH ST., STE 1000
City-St-Zip: ST LOUIS, MO 63102

Title: S () Delete
Name: OHLEMEYER, DAVID W
Address: 319 NORTH 4TH ST., STE 1000
City-St-Zip: ST LOUIS, MO 63102

Title: AT () Delete
Name: CONRAD, LAURA
Address: 319 NORTH 4TH ST., STE 1000
City-St-Zip: ST LOUIS, MO 63102

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: AT (X) Change () Addition
Name: CONRAD, LAURA C
Address: 319 NORTH 4TH ST., STE 1000
City-St-Zip: ST LOUIS, MO 63102

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KAREN M. MUSICK

CONT

04/29/2005

Electronic Signature of Signing Officer or Director

_____ Date