

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F01000002037

FILED
Apr 25, 2011
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: KIRK BAER
ST LOUIS, MO 63102

New Mailing Address:

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

OFFICERS AND DIRECTORS:

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

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

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

Title: ATRE
Name: CONRAD, LAURA C
Address: 319 NORTH 4TH ST., STE 1000
City-St-Zip: ST LOUIS, MO 63102

Title: VP
Name: LOEWENSTEIN, LINDA S
Address: 319 NORTH 4TH ST., STE 1000
City-St-Zip: ST LOUIS, MO 63102

I hereby 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 all other like empowered.

SIGNATURE: KIRK P. BAER

ACON

04/25/2011

Electronic Signature of Signing Officer or Director

Date