2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F01000003531

Entity Name: CLIVE SAMUELS AND ASSOCIATES, INC.

FILED Apr 11, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 105 COLLEGE ROAD EAST PRINCETON, NJ 08540 **Current Mailing Address: New Mailing Address:** 1675 W CAMPBELL RD 1675 W CAMPBELL RD P O BOX 669 P O BOX 669 SIDNEY, OH 453650669 SIDNEY, OH 45365 FEI Number: 22-2348780 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: **PRFS** (X) Change () Addition SAMUELS, CLIVE Name: Name: SAMUELS, CLIVE PRES 105 COLLEGE ROAD EAST 105 COLLEGE ROAD EAST Address: Address: City-St-Zip: PRINCETON, NJ 08540 City-St-Zip: PRINCETON, NJ 08540 VΡ Title: Title: () Delete () Change () Addition SAMUELS, ALLAN VP Name: Name: 105 COLLEGE ROAD EAST Address: Address: PRINCETON, NJ 08540 City-St-Zip: City-St-Zip: Title: Title: () Delete () Change () Addition MOON, DAVID VP Name: Name: 8000 W FLORISSANT AVE Address: Address: City-St-Zip: ST LOUIS, MO 63136 City-St-Zip: Title: () Delete Title: () Change () Addition RABE, DAVID TRE Name: Name: Address: 8000 W FLORISSANT AVE Address: City-St-Zip: ST LOUIS, MO 63136 City-St-Zip: Title: SEC Title: () Delete () Change () Addition SMITH, HARLEY M SEC Name: Name: 8000 W FLORISSANT AVE Address: Address: City-St-Zip: ST. LOUIS, MO 63136 City-St-Zip: Title: () Delete Title: () Change () Addition PURVIS, EDGAR M VP Name: Name: 1675 W CAMPBELL RD Address: Address: City-St-Zip: City-St-Zip: SIDNEY, OH 45365

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: RAY J WEBER, SR TAX ANALYST CPA 04/11/2007