2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 27, 2008
Secretary of State

DOCUMENT# F01000003531

Entity Name: CLIVE SAMUELS AND ASSOCIATES, INC.

Current Principal Place of Business:

105 COLLEGE ROAD EAST
PRINCETON, NJ 08540

New Principal Place of Business:

Current Mailing Address:

1675 W CAMPBELL RD
P O BOX 669
SIDNEY, OH 453650669

New Mailing Address:

FEI Number: 22-2348780 **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: PRES ( ) Delete
Name: SAMUELS, CLIVE PRES
Address: 105 COLLEGE ROAD EAST
City-St-Zip: PRINCETON, NJ 08540

Title: VP ( ) Delete
Name: SAMUELS, ALLAN VP
Address: 105 COLLEGE ROAD EAST
City-St-Zip: PRINCETON, NJ 08540

Title: VP ( ) Delete
Name: MOON, DAVID VP
Address: 8000 W FLORISSANT AVE
City-St-Zip: ST LOUIS, MO 63136

Title: TRE ( ) Delete
Name: RABE, DAVID TRE
Address: 8000 W FLORISSANT AVE
City-St-Zip: ST LOUIS, MO 63136

Title: SEC ( ) Delete
Name: SMITH, HARLEY M SEC
Address: 8000 W FLORISSANT AVE
City-St-Zip: ST. LOUIS, MO 63136

Title: VP ( ) Delete
Name: PURVIS, EDGAR M VP
Address: 1675 W CAMPBELL RD
City-St-Zip: SIDNEY, OH 45365

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change ( ) Addition
Name: ABRAMSON, ALAN PRES
Address: 105 COLLEGE ROAD EAST
City-St-Zip: PRINCETON, NJ 08540

Title: VP (X) Change ( ) Addition
Name: SAMUELS, CLIVE VP
Address: 105 COLLEGE ROAD EAST
City-St-Zip: PRINCETON, NJ 08540

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

I hereby certify that the information supplied with this filing does not qualify 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 02/27/2008

Electronic Signature of Signing Officer or Director — Date