

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F01000006463

FILED
Apr 30, 2009
Secretary of State

Entity Name: KELLWOOD RETAIL GROUP, INC.

Current Principal Place of Business:

505 14TH STREET
OAKLAND, CA 94612

New Principal Place of Business:

Current Mailing Address:

P.O BOX 78039
TAX DEPT
ST LOUIS, MO 63178

New Mailing Address:

FEI Number: 43-1929110 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
C/O C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD
PLANTATION, FL 333242525 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: CEO () Delete
Name: POWERS, STEPHEN F
Address: 505 14TH STREET
City-St-Zip: OAKLAND, CA 94612

Title: VP () Delete
Name: CAPPS, W. LEE III
Address: 600 KELLWOOD PARKWAY
City-St-Zip: CHESTERFIELD, MO 63017

Title: CFO () Delete
Name: GOODRUM, TERRY
Address: 505 14TH STREET
City-St-Zip: OAKLAND, CA 94612

Title: VP () Delete
Name: GRYPP, KEITH A
Address: 600 KELLWOOD PARKWAY
City-St-Zip: CHESTERFIELD, MO 63017

Title: AT (X) Delete
Name: WHITLEY, SCOTT C
Address: 600 KELLWOOD PARKWAY
City-St-Zip: CHESTERFIELD, MO 63017

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DCEO (X) Change () Addition
Name: KRAMER, MICHAEL W
Address: 600 KELLWOOD PARKWAY
City-St-Zip: CHESTERFIELD, MO 63017

Title: DCFO (X) Change () Addition
Name: BAGINSKI, STEVEN E
Address: 600 KELLWOOD PARKWAY
City-St-Zip: CHESTERFIELD, MO 63017

Title: DVPS (X) Change () Addition
Name: GRYPP, KEITH A
Address: 600 KELLWOOD PARKWAY
City-St-Zip: CHESTERFIELD, MO 63017

Title: AT (X) Change () Addition
Name: BRUENGER, JOHN E
Address: 600 KELLWOOD PARKWAY
City-St-Zip: CHESTERFIELD, MO 63017

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: JOHN E. BRUENGER

AT

04/30/2009

Electronic Signature of Signing Officer or Director

_____ Date