

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000003077

FILED
Apr 03, 2006
Secretary of State

Entity Name: LOCKTON COMPANIES OF ST. LOUIS, INC.

Current Principal Place of Business:

THREE CITY PLACE
SUITE 900
ST LOUIS, MO 63141

New Principal Place of Business:

Current Mailing Address:

444 WEST 47TH STREET, SUITE 900
KANSAS CITY, MO 64112

New Mailing Address:

FEI Number: 43-1305150

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: D () Delete
Name: LOCKTON, DAVID M
Address: 444 WEST 47TH STREET, SUITE 900
City-St-Zip: KANSAS CITY, MO 64112

Title: PCEO () Delete
Name: MEYER, STEPHEN W
Address: THREE CITY PLACE DRIVE, SUITE 900
City-St-Zip: ST. LOUIS, MO 63141

Title: COOV (X) Delete
Name: POSTLEWAIT, HENRY G
Address: THREE CITY PLACE DRIVE, SUITE 900
City-St-Zip: ST. LOUIS, MO 63141

Title: SD () Delete
Name: FROST, MICHAEL C
Address: 444 WEST 47TH STREET, SUITE 900
City-St-Zip: KANSAS CITY, MO 64112

Title: TCFO () Delete
Name: SALTS, ALAN S
Address: 444 WEST 47TH STREET, SUITE 900
City-St-Zip: KANSAS CITY, MO 64112

Title: V () Delete
Name: CALDWELL, JAMES R
Address: THREE CITY PLACE DRIVE, SUITE 900
City-St-Zip: ST. LOUIS, MO 63141

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: () 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 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: ALAN L. SALTS

TCFO

04/03/2006

Electronic Signature of Signing Officer or Director

Date