

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000005517

FILED
Mar 10, 2009
Secretary of State

Entity Name: SAXONY SECURITIES, INC.

Current Principal Place of Business:

86 KENRICK PLAZA
ST. LOUIS, MO 63119

New Principal Place of Business:

Current Mailing Address:

86 KENRICK PLAZA
ST. LOUIS, MO 63119

New Mailing Address:

FEI Number: 43-1932300

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SCAFIDI, RICHARD
5182 MABRY DR
NAPLES, FL 34112 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: P () Delete
Name: GRIFFARD, RICHARD
Address: 86 KENRICK PLAZA
City-St-Zip: ST. LOUIS, MO 63119

Title: ST () Delete
Name: DAIRAGHI, CHARLES
Address: 86 KENRICK PLAZA
City-St-Zip: ST. LOUIS, MO 63119

Title: V () Delete
Name: SCAFIDI, RICHARD
Address: 5182 MABRY DR
City-St-Zip: NAPLES, FL 34112

Title: V () Delete
Name: ELDER, SCOTT
Address: 86 KENRICK PLAZA
City-St-Zip: SAINT LOUIS, MO 63119

Title: V () Delete
Name: CLARK, BRIAN
Address: 86 KENRICK PLAZA
City-St-Zip: ST LOUIS, MO 63119

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:

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: CHARLES DAIRAGHI

SECY

03/10/2009

Electronic Signature of Signing Officer or Director

Date