

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000006238

FILED
Jan 27, 2004
Secretary of State

Entity Name: MACON ELECTRIC COIL, INC.

Current Principal Place of Business:

34 N. BRENTWOOD BLVD., STE. 10
ST. LOUIS, MO 63105

New Principal Place of Business:

200 S. BEMISTON AVE.
#209
ST. LOUIS, MO 63105

Current Mailing Address:

34 N. BRENTWOOD BLVD., STE. 10
ST. LOUIS, MO 63105

New Mailing Address:

200 S. BEMISTON AVE.
#209
ST. LOUIS, MO 63105

FEI Number: 43-1629666

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 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: DPS () Delete
Name: MACON, WILLIAM
Address: 34 N. BRENTWOOD BLVD., STE. 10
City-St-Zip: ST. LOUIS, MO 63105

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPS (X) Change () Addition
Name: MACON, WILLIAM
Address: 200 S. BEMISTON AVE., #209
City-St-Zip: ST. LOUIS, MO 63105

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: WILLIAM MACON

DPS

01/27/2004

Electronic Signature of Signing Officer or Director

Date