

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000002864

Entity Name: HANSON-WILSON, INC.

FILED
Jan 11, 2007
Secretary of State

Current Principal Place of Business:

1525 SOUTH SIXTH STREET
SPRINGFIELD, IL 62703

New Principal Place of Business:

Current Mailing Address:

1525 SOUTH SIXTH STREET
SPRINGFIELD, IL 62703

New Mailing Address:

FEI Number: 37-0925520 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 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: DSVP () Delete
Name: GIBBS, JAMES F
Address: 10148 MASTERS DRIVE NE
City-St-Zip: ALBUQUERQUE, NM 87111

Title: PRES () Delete
Name: POTTS, GARY J
Address: 903 E. 104TH ST., SUITE 240
City-St-Zip: KANSAS CITY, MO 64131

Title: DS () Delete
Name: COOMBE, JOHN P
Address: 1525 SOUTH SIXTH STREET
City-St-Zip: SPRINGFIELD, IL 62703

Title: DT () Delete
Name: METRO, STEVEN J
Address: 5417 IMPERIAL CT., N.E.
City-St-Zip: ALBUQUERQUE, NM 87111

Title: DC () Delete
Name: PECORI, SERGIO A
Address: 1525 SOUTH SIXTH STREET
City-St-Zip: SPRINGFIELD, IL 62703

Title: DSVP () Delete
Name: FLEMING, DONALD N
Address: 2900 W. WILLOW KNOLLS ROAD
City-St-Zip: PEORIA, IL 61614 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: PRES (X) Change () Addition
Name: POTTS, GARY J
Address: 1001 E. 101ST TERRACE, SUITE 250
City-St-Zip: KANSAS CITY, MO 64131

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: JOHN P. COOMBE

Electronic Signature of Signing Officer or Director

DS

01/11/2007

Date