2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000001755

Entity Name: CORNERSTONE MANAGEMENT PARTNERS. INC

FILED Apr 28, 2009 Secretary of State

LIMITY NAME: CORNERSTONE MANAGEMENT FARTNERS, INC.						
3100 FALLI	incipal Place ING LEAF CT A, MO 65201	of Business: STE 200	New Princ	ipal Place o	of Business:	
Current Mailing Address:			New Mailing Address:			
PO BOX 60 COLUMBIA	040 A, MO 652056	040				
FEI Number: 43-1766314 FEI Number Applied For ()			FEI Number Not Appl	icable ()	Certificate of Status Desired ()	
Name and	Address of C	urrent Registered Agent:	Name and	Name and Address of New Registered Agent:		
BAKER, JOHN 260 WEKIVA SPRINGS RD., STE 2090 LONGWOOD, FL 32779 US			1200 S. PIN	CT CORPORATION SYSTEM 1200 S. PINE ISLAND RD. PLANTATION, FL 33324 US		
The above in the State		submits this statement for the p	urpose of changing i	ts registered	d office or registered agent, or both,	
SIGNATURE: J. L. MILES				04/28/2009		
	Electron	ic Signature of Registered Age	nt		Date	
Election Carr	npaign Financing	Trust Fund Contribution ().				
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	CPS () Delete FRENCH, JAMES CARL 5413 W TAYSIDE CIRCLE COLUMBIA, MO 65203		Title: Name: Address: City-St-Zip:	CPS (X) Change () Addition FRENCH, JAMES CARL 4905 THORNBROOK RIDGE COLUMBIA, MO 65203		
Title: Name: Address: City-St-Zip:	VC () HOLLAND, EAR 15270 KILBIRN FORT MEYERS	IE DR S.E.	Title: Name: Address: City-St-Zip:		() Change () Addition	
Title: Name: Address: City-St-Zip:	D () GINGRICH, AND 3136 S. OLD RI COLUMBIA, MC	DGE RD	Title: Name: Address: City-St-Zip:		() Change () Addition	
Title: Name: Address: City-St-Zip:			Title: Name: Address: City-St-Zip:		()Change ()Addition	
Title: Name: Address: City-St-Zip:	VP () WALKER, ROG 1711 S FAIRVIE COLUMBIA, MC	W RD	Title: Name: Address: City-St-Zip:		() Change () Addition	

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: JAMES C. FRENCH CPS 04/28/2009