






# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 03, 2006 8:00 am**  
**Secretary of State**

02-03-2006 90012 043 \*\*\*150.00

<b>DOCUMENT # F05000004031</b> 1. Entity Name <b>RGA TECHNOLOGY PARTNERS, INC.</b>							
Principal Place of Business <b>1370 TIMBERLAKE MANOR PARKWAY CHESTERFIELD, MO 63017-6039</b>			Mailing Address <b>1370 TIMBERLAKE MANOR PARKWAY CHESTERFIELD, MO 63017-6039</b>				
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.		<div style="font-size: 24pt; font-weight: bold; margin-bottom: 10px;">40008387</div>  <div style="margin-top: 10px;">           01242006    Chg-P    CR2E034 (11/05)         </div>			
City & State		City & State					
Zip	Country	Zip	Country				
4. FEI Number <b>14-1882202</b>		Applied For <input type="checkbox"/> Not Applicable					
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				<div style="font-size: 24pt; font-weight: bold; margin-bottom: 10px;">40008387</div>  <div style="margin-top: 10px;">           01242006    Chg-P    CR2E034 (11/05)         </div>			
6. Name and Address of Current Registered Agent  <b>NRAI SERVICES, INC. 2731 EXECUTIVE PARK DRIVE, SUITE 4 WESTON, FL 33331</b>						7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b> Zip Code</span>	
8. 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. I am familiar with, and accept the obligations of registered agent.						<div style="font-size: 24pt; font-weight: bold; margin-bottom: 10px;">40008387</div>  <div style="margin-top: 10px;">           01242006    Chg-P    CR2E034 (11/05)         </div>	
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>							
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<div style="font-size: 24pt; font-weight: bold; margin-bottom: 10px;">40008387</div>  <div style="margin-top: 10px;">           01242006    Chg-P    CR2E034 (11/05)         </div>			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BARNES, JAMES R 1370 TIMBERLAKE MANOR PARKWAY CHESTERFIELD, MO 63017	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Daniel T. Glowki 1370 Timberlake Manor Parkway Chesterfield, MO 63017	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V TREIS, PATRICIA E 1370 TIMBERLAKE MANOR PARKWAY CHESTERFIELD, MO 63017	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Kent P. Zimmerman 1370 Timberlake Manor Parkway Chesterfield, MO 63017	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SHERMAN, JAMES E 1370 TIMBERLAKE MANOR PARKWAY CHESTERFIELD, MO 63017	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Mark A. Friedel 1370 Timberlake Manor Parkway Chesterfield, MO 63017	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T LARSON, TODD C 1370 TIMBERLAKE MANOR PARKWAY CHESTERFIELD, MO 63017	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D A. Craig Woodring 1370 Timberlake Manor Parkway Chesterfield, MO 63017	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C SCHUSTER, PAUL A 1370 TIMBERLAKE MANOR PARKWAY CHESTERFIELD, MO 63017	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Robert M. Musen 1370 Timberlake Manor Parkway Chesterfield, MO 63017	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ATKINSON, DAVID B 1370 TIMBERLAKE MANOR PARKWAY CHESTERFIELD, MO 63017	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.							
<div style="display: flex; justify-content: space-between;"> <div style="width: 40%;"> <b>SIGNATURE:</b> <i>Patricia E. Treis</i>  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> </div> <div style="width: 20%; text-align: center;"> <i>1/24/06</i>  <small>Date</small> </div> <div style="width: 40%; text-align: right;"> <i>436 736 7346</i>  <small>Daytime Phone #</small> </div> </div>							