


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90410 030 ***150.00

DOCUMENT # F05000004031 1. Entity Name RGA TECHNOLOGY PARTNERS, INC.					
Principal Place of Business 1370 TIMBERLAKE MANOR PARKWAY CHESTERFIELD, MO 63017-6039			Mailing Address 1370 TIMBERLAKE MANOR PARKWAY CHESTERFIELD, MO 63017-6039		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Zip Country		City & State Zip Country		4. FEI Number 14-1882202	
5. Certificate of Status Desired <input type="checkbox"/>		Applied For <input type="checkbox"/> Not Applicable			
6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM C/O CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND RD. PLANTATION, FL 33324					
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code					
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.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
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	SVP & COO Mark A. Friedel 1370 Timberlake Manor Pkwy. Chesterfield, MO 63017
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	S Daniel T. Glowski 1370 Timberlake Manor Pkwy. Chesterfield, MO 63017
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	T Kent P. Zimmerman 1370 Timberlake Manor Pkwy. Chesterfield, MO 63017
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	C A. Greig Woodring 1370 Timberlake Manor Pkwy. Chesterfield, MO 63017
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	S Robert M. Musen 1370 Timberlake Manor Pkwy. Chesterfield, MO 63017
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.					
SIGNATURE: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				4-25-07 636.736.7489 Date Daytime Phone #	

40089145



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