2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 05, 2011
Secretary of State

DOCUMENT# F05000005266

Entity Name: S.M. WILSON & CO., INC.

Current Principal Place of Business:

2185 HAMPTON AVE.
ST. LOUIS, MO 63139

New Principal Place of Business:

Current Mailing Address:

2185 HAMPTON AVE.
ST. LOUIS, MO 63139

New Mailing Address:

FEI Number: 37-0699952 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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

OFFICERS AND DIRECTORS:

Title: CEO
Name: WILSON, SCOTT J
Address: 3 CARRSWOLD DRIVE
City-St-Zip: CLAYTON, MO 63105

Title: VP
Name: MILLER, DALE W
Address: 1 MALLARD LANE
City-St-Zip: EDWARDSVILLE, IL 62025

Title: CFO
Name: DOHLE, MICHAEL R
Address: 4435 FORDER OAKS DR.
City-St-Zip: ST. LOUIS, MD 63129

Title: VP
Name: JAECKLE, FRED R
Address: 15967 TROWBRIDGE RD
City-St-Zip: CLARKSON VALLEY, MO 63017

Title: VP
Name: MAST, STEVEN C
Address: 1106 DUNSTON DR.
City-St-Zip: ST. LOUIS, MO 63146

Title: S
Name: OLSON, COLEEN C
Address: 6 LOGGERS TRAIL
City-St-Zip: EDWARDSVILLE, IL 62025

I hereby 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 all other like empowered.

SIGNATURE: COLEEN C. OLSON S 01/05/2011

Electronic Signature of Signing Officer or Director — Date