
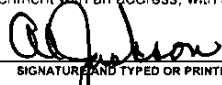


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2006 8:00 am
Secretary of State

04-21-2006 90108 045 ***150.00

DOCUMENT # F05000007567			
1. Entity Name HDM RETAIL, INC.			
Principal Place of Business 1925 EASTCHESTER DRIVE HIGH POINT, NC 27265		Mailing Address 1925 EASTCHESTER DRIVE HIGH POINT, NC 27265	
2. Principal Place of Business		3. Mailing Address 101 S. Hanley Rd.	
Suite, Apt. #, etc.		Suite, Apt. #, etc. 19th Floor Tax Dept.	
City & State		City & State St. Louis, MO	
Zip	Country	Zip	Country
63105	USA	63105	USA
4. FEI Number 56-1726125		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525		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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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	P <input checked="" type="checkbox"/> Delete	TITLE	PD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RICH, LENWOOD	NAME	Jeff Young
STREET ADDRESS	1925 EASTCHESTER DRIVE	STREET ADDRESS	1925 Eastchester Drive
CITY-ST-ZIP	HIGH POINT, NC 27265	CITY-ST-ZIP	High Point, NC 27265
TITLE	VST <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILLESON, BRYAN	NAME	
STREET ADDRESS	1925 EASTCHESTER DRIVE	STREET ADDRESS	
CITY-ST-ZIP	HIGH POINT, NC 27265	CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LITTLE, TRACY	NAME	
STREET ADDRESS	1925 EASTCHESTER DRIVE	STREET ADDRESS	
CITY-ST-ZIP	HIGH POINT, NC 27265	CITY-ST-ZIP	
TITLE	AS <input checked="" type="checkbox"/> Delete	TITLE	AT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KAINZ, ROBERT L	NAME	Al Jackson
STREET ADDRESS	101 S. HANLEY, SUITE 1900	STREET ADDRESS	101 S. Hanley Rd.
CITY-ST-ZIP	ST. LOUIS, MO 63105	CITY-ST-ZIP	St. Louis, MO 63105
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOLLIMAN, W G	NAME	
STREET ADDRESS	201 S. SPRING ST., SUITE 520	STREET ADDRESS	
CITY-ST-ZIP	TUPELO, MS 388044854	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHIPPERFIELD, LYNN	NAME	
STREET ADDRESS	101 S. HALEY, SUITE 1900	STREET ADDRESS	
CITY-ST-ZIP	ST. LOUIS, MO 63105	CITY-ST-ZIP	
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: 		Al Jackson, Assistant Treasurer 4-18-06	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	

40000000



04032006 Chg-P CR2E034 (11/05)