
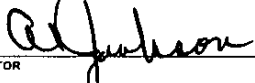


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2008 8:00 am
Secretary of State

04-21-2008 90102 012 ***150.00

DOCUMENT # F05000007567					
1. Entity Name HDM RETAIL, INC.					
Principal Place of Business 1925 EASTCHESTER DRIVE HIGH POINT, NC 27265 US			Mailing Address 101 SOUTH HANLEY ROAD 19TH FLOOR TAX DEPT SAINT LOUIS, MO 63105 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		01232008 Chg-P CR2E034 (12/06)	
Zip		Country		4. FEI Number 56-1726125	
				Applied For 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 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	PD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	YOUNG, JEFF		NAME		
STREET ADDRESS	1925 EASTCHESTER DRIVE		STREET ADDRESS		
CITY-ST-ZIP	HIGH POINT, NC 27265		CITY-ST-ZIP		
TITLE	VPST	<input checked="" type="checkbox"/> Delete	TITLE	VPS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KAPPEL, KURT		NAME	Jon D. Botsford	
STREET ADDRESS	1925 EASTCHESTER DRIVE		STREET ADDRESS	101 S. Hanley Rd.	
CITY-ST-ZIP	HIGH POINT, NC 27265		CITY-ST-ZIP	St. Louis, MO 63105	
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	AT	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JACKSON, AL		NAME		
STREET ADDRESS	101 SOUTH HANLEY ROAD		STREET ADDRESS		
CITY-ST-ZIP	SAINT LOUIS, MO 63105		CITY-ST-ZIP		
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 checked="" type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHIPPERFIELD, LYNN		NAME	Ralph Scozzafava	
STREET ADDRESS	101 S. HALEY, SUITE 1900		STREET ADDRESS	101 S. Hanley Rd.	
CITY-ST-ZIP	ST. LOUIS, MO 63105		CITY-ST-ZIP	St. Louis, MO 63105	
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, Asst. Treasurer					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		Daytime Phone #
			4-18-08		