


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 14, 2008 8:00 am**  
**Secretary of State**

04-14-2008 90018 047 \*\*\*150.00

<b>DOCUMENT # F06000004599</b>					
<b>1. Entity Name</b> UNIFORM CITY NATIONAL, INC.					
<b>Principal Place of Business</b> 2132 KRATSKY ROAD ST. LOUIS, MO 63114			<b>Mailing Address</b> 2132 KRATSKY ROAD ST. LOUIS, MO 63114		
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		<b>4. FEI Number</b> 20-5130392	
Zip		Country		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>			<b>7. Name and Address of New Registered Agent</b>		
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324			Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
<b>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.</b>					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>			<b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>CEO</b> <b>BUZZELL, ROBERT D JR.</b> <input checked="" type="checkbox"/> Delete 2132 KRATSKY ROAD ST. LOUIS, MO 63114		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>President CEO Director</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>James Rudd</b> 5200 Town Center Circle Suite 470 Boca Raton, FL 33486	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>CFO</b> <input type="checkbox"/> Delete <b>VANDERWAL, RICHARD</b> 2132 KRATSKY ROAD ST. LOUIS, MO 63114		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>VP Director</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Michael Gillen</b> 5200 Town Center Circle, Suite 470 Boca Raton, FL 33486	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>V</b> <input checked="" type="checkbox"/> Delete <b>DAVIDSON, BRUCE</b> 2132 KRATSKY ROAD ST. LOUIS, MO 63114		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>Assistant Secretary</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Matthew Garff</b> 5200 Town Center Circle, Suite 470 Boca Raton, FL 33486	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>D.</b> <input checked="" type="checkbox"/> Delete <b>WOELCKE, GERALD</b> 5200 TOWN CENTER CIRCLE, SUITE 470 BOCA RATON, FL 33486		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>VP. Assistant Secretary Director</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>mark kuchennhith</b> 5200 Town Center Circle, Suite 470 Boca Raton, FL 33486	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>D</b> <input checked="" type="checkbox"/> Delete <b>KING, T. SCOTT</b> 5200 TOWN CENTER CIRCLE, SUITE 470 BOCA RATON, FL 33486		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>VP</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>M. Steven Liff</b> 5200 Town Center Circle, Suite 470 Boca Raton, FL 33486	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>VP Assistant Secretary</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Michael McConvery</b> 5200 Town Center Circle, Suite 470 Boca Raton, FL 33486	
<b>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.</b>					
<b>SIGNATURE:</b> <i>Rob Vande</i>			<b>CFO</b>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date: 4/10/08		
Daytime Phone #			(314)824-2950		