

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000004599

FILED
Apr 09, 2009
Secretary of State

Entity Name: UNIFORM CITY NATIONAL, INC.

Current Principal Place of Business:

2132 KRATSKY ROAD
ST. LOUIS, MO 63114

New Principal Place of Business:

Current Mailing Address:

2132 KRATSKY ROAD
ST. LOUIS, MO 63114

New Mailing Address:

FEI Number: 20-5130392

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PCEO () Delete
Name: RUDD, JAMES
Address: 5200 TOWN CENTER CIRCLE SUITE 470
City-St-Zip: BOCA RATON, FL 33486

Title: CFO () Delete
Name: VANDERWAL, RICHARD
Address: 2132 KRATSKY ROAD
City-St-Zip: ST. LOUIS, MO 63114

Title: AS () Delete
Name: GARFF, MATTHEW
Address: 5200 TOWN CENTER CIRCLE, SUITE 470
City-St-Zip: BOCA RATON, FL 33486

Title: VPAS () Delete
Name: KUCHENRITHER, MARK
Address: 5200 TOWN CENTER CIRCLE, SUITE 470
City-St-Zip: BOCA RATON, FL 33486

Title: VP (X) Delete
Name: LIFF, STEVEN M
Address: 5200 TOWN CENTER CIRCLE, SUITE 470
City-St-Zip: BOCA RATON, FL 33486

Title: VPAS (X) Delete
Name: MCCONVERY, MICHAEL
Address: 5200 TOWN CENTER CIRCLE, SUITE 470
City-St-Zip: BOCA RATON, FL 33486

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PCEO (X) Change () Addition
Name: RUDD, JAMES
Address: 2132 KRATKY ROAD
City-St-Zip: ST. LOUIS, MO 63114

Title: CFO (X) Change () Addition
Name: GRAIFF, BRYAN
Address: 2132 KRATSKY ROAD
City-St-Zip: ST. LOUIS, MO 63114

Title: AS (X) Change () Addition
Name: MEZZANOTTE, DAVID
Address: 5200 TOWN CENTER CIRCLE, SUITE 470
City-St-Zip: BOCA RATON, FL 33486

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: BRYAN GRAIFF

CFO

04/09/2009

Electronic Signature of Signing Officer or Director

Date