2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2009
Secretary of State

DOCUMENT# F06000004729

Entity Name: THE ASSOCIATION OF PROFESSIONALS INC.

Current Principal Place of Business:

16476 CHESTERFIELD AIRPORT RD
CHESTERFIELD, MO 63017

New Principal Place of Business:

16476 WILD HORSE CREEK RD
CHESTERFIELD, MO 63017

Current Mailing Address:

16476 CHESTERFIELD AIRPORT RD
CHESTERFIELD, MO 63017

New Mailing Address:

16476 WILD HORSE CREEK RD
CHESTERFIELD, MO 63017

FEI Number: 63-1012610 **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

OFFICERS AND DIRECTORS:

Title: PC ( ) Delete
Name: BRECKENRIDGE, DONALD JR
Address: 200 S HANLEY STE 710
City-St-Zip: CLAYTON, MO 63105

Title: VC ( ) Delete
Name: FEDERKO, BERNIE
Address: 2219 DEVONSBROOK DR
City-St-Zip: CHESTERFIELD, MO 63005

Title: VP ( ) Delete
Name: FEDERKO, BERNIE
Address: 2219 DEVONSBROOK DR
City-St-Zip: CHESTERFIELD, MO 63005

Title: STD ( ) Delete
Name: VICK, DEBORAH
Address: 532 HOWARD AVE
City-St-Zip: ST JOSEPH LD, MI 49085

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DONALD BRECKENRIDGE, JR. PRES 01/14/2009

Electronic Signature of Signing Officer or Director — Date