

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000004729

FILED
Jan 05, 2011
Secretary of State

Entity Name: THE ASSOCIATION OF PROFESSIONALS INC.

Current Principal Place of Business:

16476 WILD HORSE CREEK RD
CHESTERFIELD, MO 63017

New Principal Place of Business:

Current Mailing Address:

16476 WILD HORSE CREEK RD
CHESTERFIELD, MO 63017

New Mailing Address:

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: PD
Name: BRECKENRIDGE, DONALD JR
Address: 6 GROVE AVENUE
City-St-Zip: ST. LOUIS, MO 63119

Title: VD
Name: FEDERKO, BERNIE
Address: 2219 DEVONSBROOK DR
City-St-Zip: CHESTERFIELD, MO 63005

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

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

I hereby 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 all other like empowered.

SIGNATURE: DONALD BRECKENRIDGE, JR.

PRES

01/05/2011

Electronic Signature of Signing Officer or Director

Date