



# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

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

04-14-2008 90018 045 \*\*\*150.00

<b>DOCUMENT # F06000005519</b>					
<b>1. Entity Name</b> LINN UNIFORMS CORPORATION OF P.G. COUNTY, INC.					
<b>Principal Place of Business</b> 2132 KRATKY RD ST LOUIS, MO 63114			<b>Mailing Address</b> 2132 KRATKY RD 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.		04092008    Chg-P    CR2E034 (12/06)	
<b>City &amp; State</b>		<b>City &amp; State</b>		<b>4. FEI Number</b> 52-1285633	
<b>Zip</b>		<b>Country</b>		<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 <b>FL</b> 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> Trust Fund Contribution. <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> VP <b>NAME</b> BUZZELL, ROBERT D JR <b>STREET ADDRESS</b> 2132 KRATKY RD <b>CITY-ST-ZIP</b> ST LOUIS, MO 63114	<input checked="" type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b> 2132 Kratky Road <b>CITY-ST-ZIP</b> St. Louis, MO 63114	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>TITLE</b>  <b>NAME</b> VANDERWAL, RICHARD <b>STREET ADDRESS</b> 2132 KRATKY RD <b>CITY-ST-ZIP</b> ST LOUIS, MO 63114	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b> 5200 Town Center Circle, STE 470 <b>CITY-ST-ZIP</b> Boca Raton, FL 33486	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>TITLE</b>  <b>NAME</b> VANDERWAL, RICHARD <b>STREET ADDRESS</b> 2132 KRATKY RD <b>CITY-ST-ZIP</b> ST LOUIS, MO 63114	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b> 5200 Town Center Circle, STE 470 <b>CITY-ST-ZIP</b> Boca Raton, FL 33486	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>TITLE</b>  <b>NAME</b> LINN, JEFFRY N <b>STREET ADDRESS</b> 2132 KRATKY RD <b>CITY-ST-ZIP</b> ST LOUIS, MO 63114	<input checked="" type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b> 5200 Town Center Circle, STE 470 <b>CITY-ST-ZIP</b> Boca Raton, FL 33486	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>TITLE</b>  <b>NAME</b> LINN, CRAIG <b>STREET ADDRESS</b> 2132 KRATKY RD <b>CITY-ST-ZIP</b> ST LOUIS, MO 63114	<input checked="" type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b> 5200 Town Center Circle, STE 470 <b>CITY-ST-ZIP</b> Boca Raton, FL 33486	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>TITLE</b>  <b>NAME</b> WOELCKE, GERALD <b>STREET ADDRESS</b> 5200 TOWN CENTER CIRCLE SUITE 470 <b>CITY-ST-ZIP</b> BOCA RATON, FL 33486	<input checked="" type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b> 5200 Town Center Circle, STE 470 <b>CITY-ST-ZIP</b> Boca Raton, FL 33486	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<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>X Rob Vard</i>			<b>CFO</b> <b>4/10/08</b> <b>(314) 824-2950</b>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date    Daytime Phone #		