## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F06000006477

Title:

Name:

Address:

City-St-Zip:

Entity Name: THE DANIEL & HENRY CO.

FILED Feb 06, 2008 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 1001 HIGHLANDS PLAZA DR., WEST, STE 500 ST. LOUIS, MO 63110 **Current Mailing Address: New Mailing Address:** 1001 HIGHLANDS PLAZA DR., WEST, STE 500 ST. LOUIS, MO 63110 FEI Number: 43-0634945 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: HATCH, JOHN D ESQ. 1267 BÉRKSHIRE LANE, SUITE 200 TARPON SPRINGS, FL 34688 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: CFO ( ) Delete Title: () Change () Addition Name: HARRISON, ROBERT M Name: 1001 HIGHLANDS PLAZA DR., WEST, STE 500 Address: Address: City-St-Zip: ST. LOUIS, MO 63110 City-St-Zip: Title: Title: () Delete () Change () Addition PURCELL, JR., THOMAS J Name: Name: 1001 HIGHLANDS PLAZA DR., WEST, STE 500 Address: Address: ST. LOUIS, MO 63110 City-St-Zip: City-St-Zip: Title: Title: ( ) Delete () Change () Addition GALLI, LOUIS C Name: Name: 1001 HIGHLANDS PLAZA DR., WEST, STE 500 Address: Address: ST. LOUIS, MO 63110 City-St-Zip: 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.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: JAMES A SAMSON ST 02/06/2008

() Delete

1001 HIGHLANDS PLAZA DR., WEST, STE 500

SAMSON, JAMES A

ST. LOUIS, MO 63110

() Change () Addition