## **2008 FOR PROFIT CORPORATION**

## **FILED** Jan 08, 2008 8:00 am Secretary of State **ANNUAL REPORT**

Secondary   Seco	1. Entity Name	MENT #F0700000 s LL-ALCO STORES, INC.				01-08-2008 \$	90004 041	1 ***130.	00		
Suite, Apt. #, etc.  City & State  City & State  Country  Zip  Country  Zip  Country  Zip  Country  Zip  Country  Zip  Country  Zip  Country  S. Certificate of Status Desired  \$5.75 Additional Fee Required Fee Required Fee Required Fee Required  Street, Address of New Registered Agent  Name  Name  Street, Address of New Registered Agent  City  FL  Zip Code  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 actine obligations of registered agent, and the obligations of registered agent.  Signature.  FILE NOWILL FEE IS \$150.00  After May 1, 2008 Fee will be \$550.00  OFFICERS AND DIRECTORS  11.  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  INTE  NAME  SIRET ADDRESS  OITH-ST-2P  ABILENE, KS 67410  Desire  NAME  STURDIVANIT, JOHN R  SIRET ADDRESS  OITH-ST-2P  ABILENE, KS 67410  Desire  NAME  STURDIVANIT, JOHN R  SIRET ADDRESS  OITH-ST-2P  ABILENE, KS 67410  Desire  NAME  STURDIVANIT, JOHN R  STREET ADDRESS  OITH-ST-2P  ABILENE, KS 67410  Desire  NAME  STURDIVANIT, JOHN R  STREET ADDRESS  OITH-ST-2P  ABILENE, KS 67410  Desire  NAME  STURDIVANIT, JOHN R  STREET ADDRESS  OITH-ST-2P  ABILENE, KS 67410  Desire  NAME  STREET ADDRESS  OITH-ST-2P  ABILENE, KS 67410  DESIRE ADDRESS  OITH-ST-2P  ABILENE, KS 6741	401 COTTAGE	STREET	401 COTTAGE STREET	401 COTTAGE STREET			(8))) (88)) <b>48</b> ))) <b>81</b> )) <b>81</b>	(i)	<b>1</b> 1	ESI IA ISE)	
City & State  Country  City  Country  Street Address of Current Registered Agent  To Name and Address of Current Registered Agent  To Name  Name  Street Address (P.O. Box Number is Not Acceptable)  Street Address (P.O. Box Number is Not Acceptable)  Street Address (P.O. Box Number is Not Acceptable)  City  FL  Zip Code  8. The above named entity submits this statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Forda. Tam familiar with, and acceptable or registered agent.  Signature  FILE NOWILL FEE IS \$150.00  After May 1, 2008 Fee will be \$550.00  P. Eliction Campaign Financing Trust Fund Contribution.  This Address (P.O. Box Number is Not Acceptable)  Street Address (P.O. Box Number is Not Acceptable)  FLE Now Number is Not Acceptable)  Street Address (P.O. Box Number is Not Acceptable)  FLE Now Number is Not Acceptable)  The Street Address (P.O. Box Number is Not Acceptable)  Street Address (P.O. Box Number is Not Acceptable)  Street Address (P.O. Box Number is Not Acceptable)  The Street Address (P.O. Box Number is Not Acceptable)  Street Address (P.O. Box Number is Not Acceptable)  The Street Address (P.O. Box Number is Not Acceptable)  The Street Address (P.O. Box Number is Not Acceptable)  The Street Address (P.O. Box Number is Not Acceptable)  The Street Address (P.O. Box Number is Not Acceptable)  The Street Address (P.O. Box Number is Not Acceptable)  The Street Address (P.O. Box Number is Not Acceptabl	2. Principal Pl	ace of Business - No P.O. Box #	3. Mailing Address	3. Mailing Address							
Zip Country Zip Country Zip Country Sip Country Sip Santa Spatial Status Desired Agent Status Desired	Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		01032008	Chg-P	CR2E03	34 (12/06)		
S. Certificate of Status Desired   Fee Required Fee Requi	City & State	3	City & State	City & State						plied For LApplicable	
NRAI SERVICES, INC. 2731 EXECUTIVE PARK DR STE 4 WESTON, FL 33331  City FL Zip Code  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 tamiliar with, and ac the obligations of registered agent and title 4 applicable (IOTE, Registered Agent, or both, in the State of Florida. I am tamiliar with, and ac the obligations of registered agent and title 4 applicable (IOTE, Registered Agent, or both, in the State of Florida. I am tamiliar with, and ac the obligations of registered agent and title 4 applicable (IOTE, Registered Agent, or both, in the State of Florida. I am tamiliar with, and ac the obligations of registered agent and title 4 applicable (IOTE, Registered Agent, or both, in the State of Florida. I am tamiliar with, and ac the obligations of registered agent and title 4 applicable (IOTE, Registered Agent, or both, in the State of Florida. I am tamiliar with, and ac the obligations of registered agent, or both, in the State of Florida. I am tamiliar with, and ac the obligations of registered agent, or both, in the State of Florida. I am tamiliar with, and ac the obligations of registered agent, or both, in the State of Florida. I am tamiliar with, and ac the obligations of registered agent, or both, in the State of Florida. I am tamiliar with, and ac the obligations of registered agent, or both, in the State of Florida. I am tamiliar with, and ac the obligations of registered agent, or both, in the State of Florida. I am tamiliar with, and ac the obligations of registered agent, or both, in the State of Florida. I am tamiliar with, and ac the obligations of registered agent, or both, in the State of Florida. I am tamiliar with, and ac the obligations of registered agent, or both, in the State of Florida. I am tamiliar with, and ac the obligations of registered agent, or both, in the State of Florida. I am tamiliar with, and ac the obligations of registered agent, or both in the State of Florida. I am	Zip	Country	Zip	Country		5. Certificate of Status Desired Fee Required					
NRAI SERVICES, INC. 2731 EXECUTIVE PARK DR STE 4 WESTON, FL 33331  City  FL  City  FL  Zip Code  DATE  City  FL  Zip Code  Cit		6. Name and Address of Currer	Namo								
### City ### Zip Code  8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and actine obligations of registered agent.  ### Signature, typed or protect name of registered agent and site if applicable (NOTE, Repotered Agent Exprasure required when remotation)  ### DATE  ### PILE NOWIII FEE IS \$150.00  ### After May 1, 2008 Fee will be \$550.00  ### OFFICERS AND DIRECTORS  ### 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11.  ### PO BOANA, CHARLES E ### BOGAN, CHARLES E ### SIREET ADDRESS  ### CITY-S1-2IP  ### ABILENE, KS 67410  ### Date											
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 act the obligations of registered agent.  SIGNATURE    Signature, typed or printed name of replaced apent and stie if applicable   (NOTE: Repotered Agent signature required when tendating)   DATE						<u>-</u> -	<u> </u>	<del></del>	_		
THE OBLIGATIONES SIGNATURE    Signature typed or printed name of registered agent and title of applicable   (NOTE: Registered Agent signature required when remotating)   (DATE				City				FL	Zip Code	•	
FILE NOWILI FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00  OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11.  ITILE VPS BOGAN, CHARLES E SIREET ADDRESS CITY-ST-ZIP NAME DALE, BRUCE ADILENE, KS 67410  ITILE VPS BOGAN, CHARLES E SIREET ADDRESS CITY-ST-ZIP ABILENE, KS 67410  ITILE CD GFELER, WARREN H STREET ADDRESS CITY-ST-ZIP ABILENE, KS 67410  ITILE CD GFELLER, WARREN H STREET ADDRESS CITY-ST-ZIP ABILENE, KS 67410  ITILE CD GFELLER, WARREN H STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP ABILENE, KS 66286  CITY-ST-ZIP ABILENE, KS 66286  ITILE D Delete TITLE D Delete TITLE D Change AC AC ACT ST-ZIP ADDRESS CITY-ST-ZIP ADDRESS CITY-ST-ZIP ABILENE, KS 66286  CITY-ST-ZIP ABILENE, KS 66286  ITILE D Change AC ACT STREET ADDRESS CITY-ST-ZIP ADDRESS CITY-ST-ZIP ADDRESS CITY-ST-ZIP ABILENE, KS 67410  ITILE CD CD CTANGE	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										
After May 1, 2008 Fee will be \$550.00  Trust Fund Contribution. Added to Fees  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11.  TITLE  NAME SIREET ADDRESS CITY-S1-ZIP ABILENE, KS 67410  TITLE  NAME STREET ADDRESS CITY-S1-ZIP ABILENE, KS 67410  TITLE  STREET ADDRESS CITY-S1-ZIP ABILENE, KS 67410  TITLE  NAME STREET ADDRESS CITY-S1-ZIP ABILENE, KS 67410  TITLE  STURDIVANT, JOHN R ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11.  ADDITIONS/CHANGES	SIGNATURE										
TITLE	FILE ROWS FEE IS \$ 150.00										
HAME STREET ADDRESS CITY-ST-ZIP ABILENE, KS 67410  TITLE PARTICLE STREET ADDRESS CITY-ST-ZIP  TITLE STREET ADDRESS CITY-ST-ZIP  TITLE SVP GETECT ADDRESS CITY-ST-ZIP  TITLE SVP GETECT G	10.	OFFICERS AN	D DIRECTORS	11.		ADDITIONS/C	CHANGES TO OFF	FICERS AND	DIRECTORS	SIN 11	
NAME   DALE, BRUCE   STREET ADDRESS   A01 COTTAGE STREET   ABILENE, KS 67410   Cliy-Si-Zip	name Street address	BOGAN, CHARLES E 401 COTTAGE STREET	☐ Delete	NAME STREET ADDRESS					☐ Change	☐ Addition	
NAME         STURDIVANT, JOHN R         NAME           STREET ADDRESS         401 COTTAGE STREET         STREET ADDRESS           CITY-ST-ZIP         ABILENE, KS 67410         CITY-ST-ZIP           TITLE         CD         Delete         TITLE           NAME         GFELLER, WARREN H         NAME           STREET ADDRESS         STREET ADDRESS           CITY-ST-ZIP         SHAWNEE, KS 66286         CITY-ST-ZIP           TITLE         D         Delete         TITLE	NAME STREET ADDRESS	DALE, BRUCE 401 COTTAGE STREET	☐ Detete	NAME STREET ADDRESS					☐ Change	Addition	
NAME         GFELLER, WARREN H         NAME           STREET ADDRESS         PO BOX 860435         STREET ADDRESS           CITY-ST-ZIP         SHAWNEE, KS 66286         CITY-ST-ZIP           TITLE         D         Delete         TITLE	NAME STREET ADDRESS	STURDIVANT, JOHN R 401 COTTAGE STREET	☐ Detete	NAME STREET ADDRESS					Change	Addition	
— · · — ·	NAME STREET ADDRESS	GFELLER, WARREN H PO BOX 860435	☐ Delete	NAME STREET ADDRESS					Change	Addition	
NAME         LOGUE, DENNIS E         NAME           STREET ADDRESS         38 S MAIN ST         STREET ADDRESS           CITY-ST-ZIP         HANOVER, NH 03755         CITY-ST-ZIP	name Street address	LOGUE, DENNIS E 38 S MAIN ST	□ Defete	NAME STREET ADDRESS					Change	☐ Addition	
ITILE D MACKE, JEFFREY J MACKE, JEFFREY J STREET ADDRESS CITY-S1-ZIP SADDLE RIVER, NJ 07458  Director Patrick Co. Done Cty Hor Cottage CITY-S1-ZIP SADDLE RIVER, NJ 07458  Director Patrick Co. Done Cty Hor Cottage CITY-S1-ZIP SADDLE RIVER, NJ 07458  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 supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further 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 supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further 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 supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further 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 supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes.	NAME STREET ADDRESS CITY-ST-ZIP	MACKE, JEFFREY J 3 COUNTRY SQUIRE ROAD SADDLE RIVER, NJ 07458		NAME STREET ADDRESS CITY-ST-ZIP	Patri 401 Abi	CoHage Lene K	2 679	10		Addition	

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.

IGNATURE:

| Company | Company