2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F07000002897

Entity Name: CENTER POINT TERMINAL COMPANY

FILED Apr 03, 2009 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:			
8235 FORS	YTH BLVD			8235 FORS	SYTH BLVD		
SUIE 400 ST LOUIS, MO 63105				SUITE 400 ST LOUIS, MO 63105			
Current Mailing Address:				New Mailing Address:			
8235 FORS SUIE 400 ST LOUIS, I				8235 FORS SUITE 400 ST LOUIS,			
FEI Number:	43-1555237	FEI Number Applied For ()	FEI Num	nber Not Appli	cable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:			
CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND RAOD PLANTATION, FL 33324 US							
The above in the State		bmits this statement for the pur	pose of	f changing it	s registered of	ffice or registered agent, or both,	
SIGNATUR	E:						
	Electronic	Signature of Registered Agent				Date	
Election Cam	paign Financing T	rust Fund Contribution ().					
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	D () D NOVELLY, PAUL A 8235 FORSYTH B ST LOUIS, MO 63	A OULEVARD, SUITE 400		Title: Name: Address: City-St-Zip:	()	Change () Addition	
Title: Name: Address: City-St-Zip:				Title: Name: Address: City-St-Zip:	()	Change () Addition	
Title: Name: Address: City-St-Zip:	EVP () D HOMMERT, DOUG 8235 FORSYTH B ST LOUIS, MO 63	GLAS D OULEVARD, SUITE 400		Title: Name: Address: City-St-Zip:	()	Change () Addition	
Title: Name: Address: City-St-Zip:	AS () D SCHMITT, CHRIS' 8235 FORSYTH B ST LOUIS, MO 63	TOPHER J OULEVARD, SUITE 400		Title: Name: Address: City-St-Zip:	()	Change () Addition	
Title: Name: Address: City-St-Zip:	AS () D LYNCH, LAURANG 8235 FORSYTH B ST LOUIS, MO 63	CE J OULEVARD, SUITE 400		Title: Name: Address: City-St-Zip:	()	Change () Addition	
Title: Name: Address: City-St-Zip:	ST LOUIS, MO 63	H OULEVARD, SUITE 400 3105	does n	Title: Name: Address: City-St-Zip: of qualify for	INGRAM, JOSE 8235 FORSYTH ST LOUIS, MO	BOULEVARD, SUITE 400	
Statutes. If	urther certify tha	at the information indicated on t	:his rep	ort or supple	emental report	is true and accurate and that my cer or director of the corporation or	

SIGNATURE: JOSEPH H INGRAM AS 04/03/2009

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.