2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 15, 2009
Secretary of State

DOCUMENT# F08000000404

Entity Name: N STORE MERCHANDISING SERVICES, INC.

Current Principal Place of Business:

944 ANGLUM ROAD
ST LOUIS, MO 63135

New Principal Place of Business:

Current Mailing Address:

944 ANGLUM ROAD
ST LOUIS, MO 63135

New Mailing Address:

FEI Number: 26-1526871 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BUSINESS FILINGS INCORPORATED
1203 GOVERNOR'S SQUARE BLVD
SUITE 101
TALLAHASSEE, FL 323012960 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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: DP ( ) Delete
Name: KETTER, ROBERT
Address: 1330 HOLLINS DRIVE
City-St-Zip: ST LOUIS, MO 63135

Title: DVPS ( ) Delete
Name: VICTOR, JANE
Address: 1330 HOLLIS DRIVE
City-St-Zip: ST LOUIS, MO 63146

Title: T ( ) Delete
Name: VICTOR, JANE
Address: 1330 HOLLIS DRIVE
City-St-Zip: ST LOUIS, MO 63146

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change ( ) Addition
Name: KETTER, ROBERT
Address: 944 ANGLUM ROAD
City-St-Zip: ST LOUIS, MO 63402

Title: DVPS (X) Change ( ) Addition
Name: VICTOR, JANE
Address: 944 ANGLUM ROAD
City-St-Zip: ST LOUIS, MO 63402

Title: T (X) Change ( ) Addition
Name: VICTOR, JANE
Address: 994 ANGLUM ROAD
City-St-Zip: ST LOUIS, MO 63146

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.

SIGNATURE: JANE VICTOR DVPS 01/15/2009

Electronic Signature of Signing Officer or Director — Date