2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F08000002399

Entity Name: TPG FINANCE CORP.

City-St-Zip:

KEARNEY, MO 64060

FILED Apr 30, 2009 Secretary of State

Current Principal Place of Business:			New Principal Place of Business:	
	N STREET, SL CITY, MO 641			
Current Mailing Address:			New Mailing Address:	
	N STREET, SL CITY, MO 641			
FEI Number	: 48-1125053	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()
Name and	d Address of	Current Registered Agent:	Name and Address o	f New Registered Agent:
530 TARP	NO, REBECC. PON BAY RD, I FL 33957			
	e named entity e of Florida.	submits this statement for the	purpose of changing its registered	d office or registered agent, or both,
SIGNATU	RE:			
	Electro	nic Signature of Registered Ag	ent	Date
Election Ca	mpaign Financir	ng Trust Fund Contribution ().		
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
Title: Name: Address: City-St-Zip:	PROVO, BRUC 8801 LINDEN		Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	PROVO, BRIA	WOOD, 2ND FLOOR	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	PROVO, CARO 8801 LINDEN		Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address:	T (WILKERSON, 15723 CORDE		Title: Name: Address:	() Change () Addition

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.

City-St-Zip:

SIGNATURE: WALLACE R. WILKERSON T 04/30/2009