

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 31, 2006 08:00 AM
Secretary of State

DOCUMENT # F94000003685

1. Entity Name
MOSBY, INC.



Principal Place of Business
**11830 WESTLINE INDUSTRIAL DRIVE
ST LOUIS, MO 63146**

Mailing Address
**SUSAN LEIBOLT
6277 SEA HARBOR DRIVE
ORLANDO, FL 32877**



01202006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
43-0891713

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD.
PLANTATION, FL 33324**

**DO NOT WRITE
IN THIS SPACE**

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 the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**ASD
FONTAINE, CHARLES P
2 NEWTON PLACE STE 350 3RD FL
NEWTON, MA 02458**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**ASD
HORBACZEWSKI, HENRY Z
125 PARK AVE., 23RD FLOOR
NEW YORK, NY 10017**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
SCHREFER, SALLY L
11830 WESTLINE INDUSTRIAL DRIVE
SAINT LOUIS, MO 63146**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**CD
NAIRN, BRIAN
350 HUDSON ST., 4TH FLOOR
NEW YORK, NY 100144504**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**AS
BOTTOMS, LINDA G
1105 NORTH MARKET ST STE 501
WILMINGTON, DE 19801**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP
DUNCAN, LINDA L
11830 WESTLINE INDUSTRIAL DRIVE
SAINT LOUIS, MO 63146**

000000411681
02/10/06-80017-018 150.00

**DO NOT WRITE
IN THIS SPACE**

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 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.

SIGNATURE: *Linda G. Bottoms* **Linda G. Bottoms**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/25/06
Date

Daytime Phone #