2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F95000004125

Entity Name: JOSEPH C. SANSONE COMPANY

FILED Apr 19, 2008 Secretary of State

Current Principal Place of Business:			New Prince	New Principal Place of Business:		
18040 EDISON AVE CHESTERFIELD, MO 63005 US				18040 EDISON AVENUE CHESTERFIELD, MO 63005		
Current Mailing Address:			New Maili	New Mailing Address:		
18040 EDISON AVE CHESTERFIELD, MO 63005 US				18040 EDISON AVENUE CHESTERFIELD, MO 63005		
FEI Number:	43-1702269 FE	Number Applied For() FEI N	Number Not App	Olicable () Certificate of Status Desired ()		
Name and	Address of Curre	nt Registered Agent:	Name and	Address of New Registered Agent:		
1200 SOUT	ORATION SYSTEM I'H PINE ISLAND R ON, FL 33324 L					
The above in the State	named entity subm of Florida.	its this statement for the purpose	e of changing i	its registered office or registered agent, or both,		
SIGNATUR	RE:					
	Electronic Sig	gnature of Registered Agent		Date		
Election Carr	npaign Financing Trus	st Fund Contribution ().				
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip:	DP () Delet SANSONE, JOSEPH 18040 EDISON AVE CHESTERFIELD, MO DCOO () Delet SANSONE, CARLOTT 18040 EDISON AVE CHESTERFIELD, MO DEVP () Delet SANSONE, ZEKE 18040 EDISON AVE CHESTERFIELD, MO	C 63005 US 6 63005 US 6 63005 US	Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip:	DIR (X) Change () Addition SANSONE, CARLOTTA 18040 EDISON AVENUE CHESTERFIELD, MO 63005 DIR (X) Change () Addition SANSONE, JOSEPH C 18040 EDISON AVENUE CHESTERFIELD, MO 63005 DIR (X) Change () Addition SANSONE, ZEKE 18040 EDISON AVENUE CHESTERFIELD, MO 63005		
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City-St-Zip: Title: Name: Address: City-St-Zip:	()Delet	е	City-St-Zip: Title: Name: Address: City-St-Zip:	CHESTERFIELD, MO 63005 PRES () Change (X) Addition SANSONE, JOSEPH C 18040 EDISON AVENUE CHESTERFIELD, MO 63005		

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: MANDELINE HENDRICKS POA 04/19/2008