

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F96000000288

FILED  
Apr 29, 2008  
Secretary of State

Entity Name: FKI LOGISTEX INC.

**Current Principal Place of Business:**

9301 OLIVE BLVD  
ST LOUIS, MO 63132 US

**New Principal Place of Business:**

**Current Mailing Address:**

9301 OLIVE BLVD  
ST LOUIS, MO 63132 US

**New Mailing Address:**

FEI Number: 43-0157210      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CT CORPORATION SYSTEM  
C/O CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND  
PLANTATION, FL 33324 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: V ( ) Delete  
Name: BAKER, DAVID C.  
Address: 9301 OLIVE BLVD  
City-St-Zip: ST LOUIS, MO 63132

Title: T ( ) Delete  
Name: ZITNAY, ROBERT  
Address: 9301 OLIVE BLVD  
City-St-Zip: ST LOUIS, MO 63132

Title: AS ( ) Delete  
Name: HAHN, DENNIS J.  
Address: 9301 OLIVE BLVD  
City-St-Zip: ST LOUIS, MO 63132

Title: VP ( ) Delete  
Name: BAMFORD, NEIL  
Address: 9301 OLIVE BLVD  
City-St-Zip: ST LOUIS, MO 63132

Title: S ( ) Delete  
Name: MILLER, ROBERT M  
Address: 9301 OLIVE BLVD  
City-St-Zip: ST LOUIS, MO 63132

Title: P ( ) Delete  
Name: ACKERMAN, STEVE  
Address: 9301 OLIVE BLVD  
City-St-Zip: SAINT LOUIS, MO 63132

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: VP (X) Change ( ) Addition  
Name: BAKER, DAVID C  
Address: 9301 OLIVE BLVD  
City-St-Zip: ST LOUIS, MO 63132

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: AS (X) Change ( ) Addition  
Name: HAHN, DENNIS J  
Address: 9301 OLIVE BLVD  
City-St-Zip: ST LOUIS, MO 63132

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: DAVID C. BAKER

VP

04/29/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date