

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F96000000288

FILED
Mar 20, 2009
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: VP () 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: () Change () Addition
Name:
Address:
City-St-Zip:

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

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

Title: VP (X) Change () Addition
Name: TED, CLUCAS
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:

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: DAVE BAKER

VP

03/20/2009

Electronic Signature of Signing Officer or Director

_____ Date