

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F96000000288

FILED
Mar 17, 2010
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
Name: BAKER, DAVID C
Address: 9301 OLIVE BLVD
City-St-Zip: ST LOUIS, MO 63132

Title: DIR
Name: COLE, CHRISTOPHER C
Address: 9301 OLIVE BLVD
City-St-Zip: ST LOUIS, MO 63132

Title: SEC
Name: TEFEND, MARK B
Address: 9301 OLIVE BLVD
City-St-Zip: ST LOUIS, MO 63132

Title: TREA
Name: SHARP, JAMES A
Address: 9301 OLIVE BLVD
City-St-Zip: ST LOUIS, MO 63132

Title: PRES
Name: MCCARTHY, JAMES R
Address: 9301 OLIVE BLVD
City-St-Zip: ST LOUIS, MO 63132

Title: VP
Name: ACKERMAN, STEPHEN C
Address: 9301 OLIVE BLVD
City-St-Zip: SAINT LOUIS, MO 63132

I hereby 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 all other like empowered.

SIGNATURE: DAVID C. BAKER

VP

03/17/2010

Electronic Signature of Signing Officer or Director

_____ Date