

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F96000006394

FILED
Mar 23, 2009
Secretary of State

Entity Name: EVA GABOR INTERNATIONAL, LTD., INC.

Current Principal Place of Business:

5900 EQUITABLE ROAD
KANSAS CITY, MO 64120 US

New Principal Place of Business:

Current Mailing Address:

5900 EQUITABLE ROAD
ATTN: STEPHEN CARTTAR, CONTROLLER
KANSAS CITY, MO 64120 US

New Mailing Address:

FEI Number: 43-0911515 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
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: DCP () Delete
Name: NAPOLITANO, MICHAEL R
Address: 5900 EQUITABLE
City-St-Zip: KANSAS CITY, MO 64120

Title: D () Delete
Name: NAPOLITANO, ELEANOR
Address: 5900 EQUITABLE
City-St-Zip: KANSAS CITY, MO 64120

Title: D () Delete
Name: NG, BENJAMIN
Address: 5900 EQUITABLE
City-St-Zip: KANSAS CITY, MO 64120

Title: SCFO () Delete
Name: LEVIN, NORMAN
Address: 5900 EQUITABLE
City-St-Zip: KANSAS CITY, MO 64120

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: () 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: NORMAN LEVINE

CFO

03/23/2009

Electronic Signature of Signing Officer or Director

Date