2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F97000002730

Address:

City-St-Zip:

2540 MINTON DR

MOON TWP, PA 15108

Entity Name: MID-WEST WHOLESALE HARDWARE CO.

FILED Jan 22, 2008 Secretary of State

| Current Principal Place of Business: | | New Principal Place of Business: | New Principal Place of Business: | |
|---|---|--|---|--|
| | RICAN WAY UNIT 204 OOD, FL 32750 US | | | |
| Current Mailing Address: | | New Mailing Address: | | |
| | ENTURY AVE CITY, MO 64120 US | 1000 CENTURY DR KANSAS CITY, MO 64120 US | | |
| FEI Number | : 04-3359757 FEI Number Applied For | () FEI Number Not Applicable () Certificate of Status Desir | ed () | |
| Name and | d Address of Current Registered Age | ent: Name and Address of New Registered Agent: | | |
| LONGWC | :ŔICAN WAY UNIT 204 OOD, FL 32750 US e named entity submits this statement fo | or the purpose of changing its registered office or registered agent | , or both, | |
| | e of Florida. | | | |
| SIGNATU | | Dete | | |
| Election Ca | Electronic Signature of Register mpaign Financing Trust Fund Contribution (| • | | |
| OFFICERS AND DIRECTORS: | | ADDITIONS/CHANGES TO OFFICERS AND DI | ADDITIONS/CHANGES TO OFFICERS AND DIRECTO | |
| Title: Name: Address: City-St-Zip: | D () Delete MCCORMACK, JOHN 330 MADISON AVENUE, 27TH FL NEW YORK, NY 10017 US | Title: () Change () Addition Name: Address: City-St-Zip: | | |
| Title: Name: Address: City-St-Zip: | D () Delete COADY, JAMES 330 MADISON AVE, 27TH FL NEW YORK, NY 10017 US | Title: () Change () Addition Name: Address: City-St-Zip: | | |
| Title: Name: Address: City-St-Zip: | PD () Delete MOSER, TERRY 1000 N. CENTURY AVE. KANSAS CITY, MO 64120 US | Title: () Change () Addition Name: Address: City-St-Zip: | | |
| Title: Name: Address: | D () Delete MCDONOUGH, DONALD 330 MADISON AVE, 27TH FL | Title: () Change () Addition Name: Address: City-St-Zip: | | |
| City-St-Zip: | NEW YORK, NY 10017 | 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.

Address:

City-St-Zip:

SIGNATURE: TERRY MOSER PD 01/22/2008