

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F97000002730

FILED
Mar 20, 2009
Secretary of State

Entity Name: MID-WEST WHOLESALE HARDWARE CO.

Current Principal Place of Business:

1250 AMERICAN WAY UNIT 204
LONGWOOD, FL 32750 US

New Principal Place of Business:

Current Mailing Address:

1000 CENTURY DR
KANSAS CITY, MO 64120 US

New Mailing Address:

FEI Number: 04-3359757

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LAMPROS, MIKE
1250 AMERICAN WAY UNIT 204
LONGWOOD, FL 32750 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: D () Delete
Name: MCCORMACK, JOHN
Address: 330 MADISON AVENUE, 27TH FL
City-St-Zip: NEW YORK, NY 10017 US

Title: D () Delete
Name: COADY, JAMES
Address: 330 MADISON AVE, 27TH FL
City-St-Zip: NEW YORK, NY 10017 US

Title: PD () Delete
Name: MOSER, TERRY
Address: 1000 N. CENTURY AVE.
City-St-Zip: KANSAS CITY, MO 64120 US

Title: D () Delete
Name: MCDONOUGH, DONALD
Address: 330 MADISON AVE, 27TH FL
City-St-Zip: NEW YORK, NY 10017

Title: D (X) Delete
Name: ODDIS, AL
Address: 2540 MINTON DR
City-St-Zip: MOON TWP, PA 15108

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: D (X) Change () Addition
Name: ODDIS, AL
Address: 2540 MINTON DR
City-St-Zip: MOON TWP, PA 15108

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: TERRY MOSER

PD

03/20/2009

Electronic Signature of Signing Officer or Director

_____ Date