2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2009
Secretary of State

DOCUMENT# J08240

Entity Name: LINN UNIFORMS OF FLORIDA, INC.

Current Principal Place of Business:

1243 E. COLONIAL DRIVE
ORLANDO, FL 32803 US

New Principal Place of Business:

Current Mailing Address:

2132 KRATKY RD.
SAINT LOUIS, MO 63114

New Mailing Address:

FEI Number: 59-2660567 **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 RD
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:	PCEO	( ) Delete
Name:	RUDD, JAMES	
Address:	2132 KNATKY RD	
City-St-Zip:	SAINT LOUIS, MO 63114	
Title:	VPD	( ) Delete
Name:	GILLEN, MICHAEL	
Address:	5200 TOWN CENTER CIR STE 470	
City-St-Zip:	BOCA RATON, FL 33486	
Title:	AS	( ) Delete
Name:	GARFF, MATTHEW	
Address:	5200 TOWN CENTER CIR STE 470	
City-St-Zip:	BOCA RATON, FL 33486	
Title:	CFO	( ) Delete
Name:	VANDERWAL, RICHARD	
Address:	2132 KRATKY RD.	
City-St-Zip:	SAINT LOUIS, MO 63114	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	VP	(X) Change ( ) Addition
Name:	MEZZANOTTE, DAVID	
Address:	5200 TOWN CENTER CIR STE 470	
City-St-Zip:	BOCA RATON, FL 33486	
Title:	AS	(X) Change ( ) Addition
Name:	KUCHENRITHER, MARK	
Address:	5200 TOWN CENTER CIR STE 470	
City-St-Zip:	BOCA RATON, FL 33486	
Title:	CFO	(X) Change ( ) Addition
Name:	GRAIFF, BRYAN	
Address:	2132 KRATKY RD.	
City-St-Zip:	SAINT LOUIS, MO 63114	

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: BRYAN GRAIFF CFO 04/09/2009

Electronic Signature of Signing Officer or Director — Date