2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 19, 2007
Secretary of State

DOCUMENT# M06000000608

Entity Name: SAM (STORE AND MOVE), LLC

Current Principal Place of Business:

ONE PREMIER DRIVE
FENTON, MO 63026

New Principal Place of Business:

Current Mailing Address:

ONE PREMIER DRIVE
FENTON, MO 63026

New Mailing Address:

FEI Number: 51-0560120 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

MANAGING MEMBERS/MANAGERS:

Title:	MGR	( ) Delete
Name:	MCCLURE RICHARD, H	
Address:	ONE PREMIER DRIVE	
City-St-Zip:	FENTON, MO 63026	
Title:	MGR	( ) Delete
Name:	MCCORMICK, THOMAS K	
Address:	ONE PREMIER DRIVE	
City-St-Zip:	FENTON, MO 63026	
Title:	MGR	( ) Delete
Name:	LARCH, PATRICK J	
Address:	ONE PREMIER DRIVE	
City-St-Zip:	FENTON, MO 63026	
Title:	MGR	( ) Delete
Name:	ALONZO, JAN ROBEY	
Address:	ONE PREMIER DRIVE	
City-St-Zip:	FENTON, MO 63026	
Title:	MGR	(X) Delete
Name:	POWERS, JAMES G	
Address:	ONE PREMIER DRIVE	
City-St-Zip:	FENTON, MO 63026	
Title:	MGR	(X) Delete
Name:	POPPELL, RANDALL C	
Address:	ONE PREMIER DRIVE	
City-St-Zip:	FENTON, MO 63026	

ADDITIONS/CHANGES:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	MGR	(X) Change ( ) Addition
Name:	POWERS, JAMES G	
Address:	ONE PREMIER DRIVE	
City-St-Zip:	FENTON, MO 63026	
Title:	MGR	(X) Change ( ) Addition
Name:	VAUGHN, BARRY S	
Address:	815 S. MAIN ST., SUITE 600	
City-St-Zip:	JACKSONVILLE, FL 32207	
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 is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: THOMAS K. MCCORMICK MGR 06/19/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date