

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N21163

FILED
Jan 26, 2009
Secretary of State

Entity Name: CYPRESS VILLAGE, INC.

Current Principal Place of Business:

149 WELDON PKWY
STE 115
MARYLAND HEIGHTS, MO 63043 US

Current Mailing Address:

149 WELDON PARKWAY
SUITE 115
MARYLAND HEIGHTS, MO 63043 US

New Principal Place of Business:

149 WELDON PKWY
SUITE 115
MARYLAND HEIGHTS, MO 63043 US

New Mailing Address:

FEI Number: 59-2820073 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

THE PRENTICE-HALL CORPORATION SYSTEM INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE, FL 32301 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

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: HAGEMANN, DENNIS MR
Address: 149 WELDON PARKWAY, SUITE 115
City-St-Zip: MARYLAND HEIGHTS, MO 63043

Title: VTD () Delete
Name: ZIMMERMAN, GARY MR
Address: 149 WELDON PARKWAY, SUITE 115
City-St-Zip: MARYLAND HEIGHTS, MO 63043

Title: SD () Delete
Name: HOLLON, RONALD L MR
Address: 149 WELDON PARKWAY, SUITE 115
City-St-Zip: MARYLAND HEIGHTS, MO 63043 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: SD (X) Change () Addition
Name: CRAWFORD, MARY RUTH MS
Address: 149 WELDON PARKWAY, SUITE 115
City-St-Zip: MARYLAND HEIGHTS, MO 63043 US

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARY RUTH CRAWFORD

SECY

01/26/2009

Electronic Signature of Signing Officer or Director

Date