

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90468 031 ***150.00

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04192007 Chg-P CR2E034 (12/06)

DOCUMENT # P07646 1. Entity Name FFP SECURITIES, INC.					
Principal Place of Business 15455 CONWAY RD., 2ND. FL. CHESTERFIELD, MO 63017			Mailing Address 15455 CONWAY RD., 2ND. FL. CHESTERFIELD, MO 63017		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Zip Country		City & State Zip Country		4. FEI Number 43-1366217	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JUNKINS, CRAIG A 15455 CONWAY ROAD CHESTERFIELD, MO 63017	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Anne Yannakakis 15455 Conway Rd. Chesterfield, MO 63017
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEO JUNKINS, CRAIG A 15455 CONWAY ROAD CHESTERFIELD, MO 63017	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVP, D Robin Rodermund 15455 Conway Rd. Chesterfield, MO 63017
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ELLIOTT, KIMBERLY SHAW 15455 CONWAY ROAD CHESTERFIELD, MO 63017	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D, EVP, CCO Christine Haedike 15455 Conway Rd. Chesterfield, MO 63017
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HAEDIKE, CHRISTINE 223 MAPLE POINT DR. SAINT CHARLES, MO 63304	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D, EVP, CCO Christine Haedike 15455 Conway Rd. Chesterfield, MO 63017
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVP HARDIKE, CHRISTINA 15455 CONWAY RD CHESTERFIELD, MO 63017	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D, EVP, CCO Christine Haedike 15455 Conway Rd. Chesterfield, MO 63017
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>Christine Haedike</u> Christine Haedike <u>4/30/07</u> <u>630 537-1040</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					