2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2009
Secretary of State

DOCUMENT# P13451

Entity Name: THE LATHROP COMPANY, INC.

Current Principal Place of Business:

460 WEST DUSSEL DRIVE
MAUMEE, OH 43537

New Principal Place of Business:

Current Mailing Address:

901 MAIN STREET
SUITE 4900
DALLAS, TX 75202 US

New Mailing Address:

375 HUDSON STREET
6TH FLOOR
NEW YORK, NY 10014 US

FEI Number: 13-3360612 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 S. 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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: AS ( ) Delete
Name: KUSNER, MARK T
Address: 460 W. DUSSEL DRIVE
City-St-Zip: MAUMEE, OH 43537

Title: SEC ( ) Delete
Name: CHRISTO, STEPHEN M
Address: 901 MAIN STREET, SUITE 4900
City-St-Zip: DALLAS, TX 75202

Title: VP ( ) Delete
Name: KLEPPER, STEPHEN J
Address: 460 W. DUSSELL DRIVE
City-St-Zip: MAUMEE, OH 43537

Title: PRES ( ) Delete
Name: MANAHAN, THOMAS J
Address: 460 W. DUSSEL DRIVE
City-St-Zip: MAUMEE, OH 43537

Title: AS (X) Delete
Name: CHALMERS, CASEY A
Address: 901 MAIN STREET, SUITE 4900
City-St-Zip: DALLAS, TX 75202

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CFO (X) Change ( ) Addition
Name: MICHALKA, RODNEY
Address: 460 W. DUSSEL DRIVE
City-St-Zip: MAUMEE, OH 43537

Title: CEO (X) Change ( ) Addition
Name: HOMAN, RICHARD
Address: 460 W. DUSSEL DRIVE
City-St-Zip: MAUMEE, OH 43537

Title: SVP (X) Change ( ) Addition
Name: ECKERT, WILFRIED
Address: 901 MAIN STREET, STE 4900
City-St-Zip: DALLAS, TX 75202

Title: AS (X) Change ( ) Addition
Name: CHALMERS, CASEY
Address: 375 HUDSON STREET
City-St-Zip: NEW YORK, NY 10014

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: CASEY CHALMERS AS 01/14/2009

Electronic Signature of Signing Officer or Director Date