2006 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 13, 2006 8:00 am Secretary of State DOCUMENT # P28667 04-13-2006 90272 025 ***150.00 1. Entity Name APEX OIL COMPANY OF MISSOURI, INC. Principal Place of Business Mailing Address 6002722**6** 8235 FORSYTH BLVD. 8235 FORSYTH BLVD. SUITE 400 SUITE 400 SAINT LOUIS, MO 63105 SAINT LOUIS, MO 63105 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. 04042006 CR2E034 (11/05) Cha-F 4 FEI Number Applied For City & State City & State 43-1530508 Not Applicable Country Zip Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324 City 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, typed or printed name of registered agent and little if applicable (NOTE: Registered Agent signature required when reinstating) DATE \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE 1S \$150.00 \Box Trust Fund Contribution. Added to Fees After May 1, 2006 Fee will be \$550.00 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 10. ☐ Change Addition . DC ☐ Delete TITLE TITLE BURNS, KARON 8235 FORSYTH BLVD NOVELLY, PAUL A. NAME NAME STREET ADDRESS 8235 FORSYTH BLVD. STREET ADDRESS CITY - ST - ZIP SAINT LOUIS, MO 63105 CITY-ST-ZIP CLAYTON MO 63105 ☐ Change **Addition** ☐ Delete TITLE TITLE HOMMERT DOUGLAS 8235 FORSYTH BLVD INGRAM, JOSEPH H NAME NAME STREET ADDRESS STREET ADDRESS 8235 FORSYTH BLVD. CITY-ST-ZIP SAINT LOUIS, MO 63105 CITY-ST-ZIP CLAYTON MO 63/05 ☐ Change ☐ Addition VPT Defete TITLE TITLE HANK, JOHN L JR. NAME STREET ADDRESS 8235 FORSYTH BLVD. STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP SAINT LOUIS, MO 63105 ☐ Addition ☐ Change ☐ Delete TITLE HUGHES, CHRISTINE NAME NAME STREET ADDRESS STREET ADDRESS 8235 FORSYTH BLVD. CITY-ST-ZIP SAINT LOUIS, MO 63105 CITY-ST-ZIP ☐ Addition ☐ Change TITLE Delete TITLE NAME LYNCH, LAURANCE STREET ADDRESS 8235 FORSYTH BLVD. STREET ADDRESS CITY-ST-ZIP SAINT LOUIS, MO 63105 CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME WAHL, EDWIN STREET ADDRESS 8235 FORSYTH BLVD. STREET ADDRESS SAINT LOUIS, MO 63105 CITY-ST-ZIP CITY-ST-7IP 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.

SOLATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED