

Robin Carnahan Secretary of State  
 2005 ANNUAL REGISTRATION REPORT  
 NONPROFIT

**File Number: 200523090133**  
**N00071367**  
**Date Filed: 08/18/2005**  
**Robin Carnahan**  
**Secretary of State**

REPORT DUE BY: **08/31/2005**

ORGANIZED UNDER THE LAWS OF:  
**Missouri**

**N00071367**  
**MISSOURIANS FOR MATT BLUNT, INC.**  
**ANDREW B. BLUNT**  
**2316 ST. MARY'S BLVD./STE. 130**  
**JEFFERSON CITY, MO 65109**

**1** **PRINCIPAL PLACE OF BUSINESS OR CORPORATE HEADQUARTERS:**  
**606 Dix Road**  
 STREET  
**Jefferson City, MO** **65109**  
 CITY/STATE ZIP

**2** **If changing the registered agent and/or registered office address, please check the appropriate box(es) and fill in the necessary information.**  
 The new registered agent  
**IF CHANGING THE REGISTERED AGENT, AN ORIGINAL WRITTEN CONSENT FROM THE NEW REGISTERED AGENT MUST BE ATTACHED AND FILED WITH THIS REGISTRATION REPORT.**  
 The new registered office address  
**Must be a Missouri address, PO Box alone is not acceptable. This section is not applicable for Banks, Trusts and Foreign Insurance.**

OFFICERS		BOARD OF DIRECTORS	
NAME AND PHYSICAL ADDRESS (P.O. BOX ALONE NOT ACCEPTABLE). <b>MUST LIST AT LEAST ONE OFFICER BELOW.</b>		NAME AND PHYSICAL ADDRESS (P.O. BOX ALONE NOT ACCEPTABLE). <b>MUST LIST AT LEAST THREE DIRECTORS BELOW.</b>	
<b>PRES</b>	<b>Tom Carter</b>	<b>NAME</b>	<b>Tom Carter</b>
STREET/RT	<b>3213 N. 10th Street</b>	STREET/RT	<b>3213 N. 10th Street</b>
CITY/STATE/ZIP	<b>Ozark, MO 65721</b>	CITY/STATE/ZIP	<b>Ozark, MO 65721</b>
V-PRES	.....	NAME	<b>Terry Rackers</b>
STREET/RT	.....	STREET/RT	<b>605 S. Eagle Terrace</b>
CITY/STATE/ZIP	.....	CITY/STATE/ZIP	<b>Jefferson City, MO 65109</b>
<b>SEC'Y</b>	<b>Garrett Mason Lott</b>	NAME	<b>Garrett Mason Lott</b>
STREET/RT	<b>147 North Meramec, Suite 100</b>	STREET/RT	<b>147 North Meramec Suite 100</b>
CITY/STATE/ZIP	<b>Clayton, MO 63105</b>	CITY/STATE/ZIP	<b>Clayton, MO 63105</b>
TREAS	<b>Terry Rackers</b>	NAME	.....
STREET/RT	<b>605 S. Eagle Terrace</b>	STREET/RT	.....
CITY/STATE/ZIP	<b>Jefferson City, MO 65109</b>	CITY/STATE/ZIP	.....

NAMES AND ADDRESSES OF ALL OTHER OFFICERS AND DIRECTORS ARE ATTACHED

**4** The undersigned understands that false statements made in this report are punishable for the crime of making a false declaration under Section 575.060 RSMo. Photocopy or stamped signature not acceptable.

**Authorized party or officer sign here** Robert Barrett (Required)

**Please print name and title of signer:** Robert Barrett / Attorney  
 NAME TITLE

REGISTRATION REPORT FEE IS:  
 \_\_\_ \$10.00 If filed on or before 8/31  
 \_\_\_ \$15.00 If filed after 8/31  
 Corporation will be administratively dissolved if report is not filed by November 30th.

**WHEN THIS FORM IS ACCEPTED BY THE SECRETARY OF STATE, BY LAW IT WILL BECOME A PUBLIC DOCUMENT AND ALL INFORMATION PROVIDED IS SUBJECT TO PUBLIC DISCLOSURE**

E-MAIL ADDRESS (OPTIONAL) \_\_\_\_\_

**REQUIRED INFORMATION MUST BE COMPLETE OR THE REGISTRATION REPORT WILL BE REJECTED**

MAKE CHECK PAYABLE TO DIRECTOR OF REVENUE

RETURN COMPLETED REGISTRATION REPORT AND PAYMENT TO THE SECRETARY OF STATE - P.O. BOX 1366, JEFFERSON CITY, MO 65102