

Robin Carnahan Secretary of State  
 2005 ANNUAL REGISTRATION REPORT  
 NONPROFIT

File Number: 200603213183  
 N00067279  
 Date Filed: 01/25/2006  
 Robin Carnahan  
 Secretary of State

\* SECTION 1, 3 & 4 ARE REQUIRED

REPORT DUE BY: 8/31/2005

ORGANIZED UNDER THE LAWS OF:  
Missouri

N00067279  
 TALENT FOR SENATE EXPLORATORY COMMITTEE  
 JENNIFER S WOODBURY  
 1031 EXECUTIVE PARKWAY STE 100  
 ST LOUIS, MO 63141

PRINCIPAL PLACE OF BUSINESS OR CORPORATE HEADQUARTERS: \*

1 STREET \_\_\_\_\_

CITY/STATE \_\_\_\_\_ ZIP \_\_\_\_\_

If changing the registered agent and/or registered office address, please check the appropriate box(es) and fill in the necessary information.

2  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). <u>MUST LIST AT LEAST ONE OFFICER BELOW.</u>		NAME AND PHYSICAL ADDRESS (P.O. BOX ALONE NOT ACCEPTABLE). <u>MUST LIST AT LEAST THREE DIRECTORS BELOW.</u>	
<u>PRES</u>	<u>GARRETT M LOTT</u>	<u>JENNIFER S WOODBURY</u>	
STREET/RT	<u>147 N MERAMEC STE 100</u>	STREET/RT	<u>1031 EXECUTIVE PARKWAY STE 100</u>
CITY/STATE/ZIP	<u>CLAYTON, MO 63105</u>	CITY/STATE/ZIP	<u>ST. LOUIS, MO 63141</u>
V-PRES	_____	NAME	<u>GARRETT M LOTT</u>
STREET/RT	_____	STREET/RT	<u>147 N MERAMEC STE 100</u>
CITY/STATE/ZIP	_____	CITY/STATE/ZIP	<u>CLAYTON, MO 63105</u>
<u>SEC'Y</u>	<u>GARRETT M LOTT</u>	NAME	<u>KAREN DAY</u>
STREET/RT	<u>147 N MERAMEC STE 100</u>	STREET/RT	<u>12977 N OUTER 40 STE 200</u>
CITY/STATE/ZIP	<u>CLAYTON, MO 63105</u>	CITY/STATE/ZIP	<u>ST. LOUIS, MO 63141</u>
TREAS	_____	NAME	_____
STREET/RT	_____	STREET/RT	_____
CITY/STATE/ZIP	_____	CITY/STATE/ZIP	_____

NAMES AND ADDRESSES OF ALL OTHER OFFICERS AND DIRECTORS ARE ATTACHED

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. \*

4 Authorized party or officer sign here

Please print name and title of signer: Garrett M Lott 1 TREASURER

NAME TITLE

REGISTRATION REPORT FEE IS:

\_\_\_ \$15.00 If filed on or before 8/31

\_\_\_ \$20.00 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

State of Missouri  
 Annual Report Priority - NonProfit 1 Page(s)

REQUIRED INFORMATION MUST BE COMPI  
 MAKE CHECK PAY  
 RETURN COMPLETED REGISTRATION REPORT AND PAYMEN



CITY, MO 65102