Robin Carnahan Secretary of State
2011 ANNUAL REGISTRATION REPORT
BUSINESS

File Number: 201124381457
00063218
Date Filed: 08/31/2011
Robin Carnahan
Secretary of State

REPORT DUE BY: **10/31/2011**

RENEWAL MONTH: **July**

☐ I OPT TO CHANGE THE CORPORATION'S RENEWAL MONTH TO _____ FOR A $25.00 FEE.

00063218
VANDUSER GIN COMPANY
Dennis McElwrath
801 Hamilton PO Box 158
Vanduser, MO 63784

1 **PRINCIPAL PLACE OF BUSINESS OR CORPORATE HEADQUARTERS:**

801 Hamilton (Required)
STREET

Vanduser, MO **63784**
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.

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OFFICERS

NAME AND PHYSICAL ADDRESS (P.O. BOX ALONE NOT ACCEPTABLE). **(MUST LIST PRESIDENT AND SECRETARY BELOW)** **A**

PRES **Dennis McElwrath** **(Required)**
STREET/RT **705 Vanduser Street**
CITY/STATE/ZIP **Vanduser, MO 63784**
V-PRES .....
STREET/RT .....
CITY/STATE/ZIP _____
SEC'Y **Chuck Ellerbrock** **(Required)**
STREET/RT **4462 Cavendish Drive**
CITY/STATE/ZIP **Toledo, OH 43623**
TREAS .....
STREET/RT .....
CITY/STATE/ZIP _____

BOARD OF DIRECTORS

NAME AND PHYSICAL ADDRESS (P.O. BOX ALONE NOT ACCEPTABLE). **(MUST LIST AT LEAST ONE DIRECTOR BELOW)** **B**

NAME **Dennis McElwrath** **(Required)**
STREET/RT **705 Vanduser Street**
CITY/STATE/ZIP **Vanduser, MO 63784**
NAME .....
STREET/RT .....
CITY/STATE/ZIP _____
NAME .....
STREET/RT .....
CITY/STATE/ZIP _____
NAME .....
STREET/RT .....
CITY/STATE/ZIP _____

NAMES AND ADDRESSES OF ALL OTHER OFFICERS AND DIRECTORS ARE ATTACHED

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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 **Dennis L McElwrath** (Required)

Please print name and title of signer: **Dennis L McElwrath** / **President**
NAME TITLE

REGISTRATION REPORT FEE IS:
____ $20.00 If filed on or before 10/31
____ $35.00 If filed on or before 11/30
____ $50.00 If filed on or before 12/31
____ $65.00 If filed on or before 1/31

ADD AN ADDITIONAL $25.00 FEE IF CHANGING THE RENEWAL MONTH.

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: Secretary of State, P.O. Box 1366, Jefferson City, MO 65102