


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 10, 2008 08:00 AM
Secretary of State

DOCUMENT # 822810 1. Entity Name A.M. DAVIS MERCANTILE CO.	
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Principal Place of Business 640 SOUTH 10TH STREET P.O. BOX 82226 LINCOLN, NE 68501-9226	Mailing Address 640 SOUTH 10TH STREET P.O. BOX 82226 LINCOLN, NE 68501-9226
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DO NOT WRITE IN THIS SPACE



01042008 No Chg-P CR2E034 (11/05)

4. FEI Number 47-0408723	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BERENS, PHYLLIS
 200 WEST CAMINO REAL
 BOCA RATON, FL 33432

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

U00000773491
 01/11/08-89040-003 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD WILLIAMS, THOMAS 640 SOUTH 10TH STREET LINCOLN, NE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD BEYNON, ESTHER L 640 SOUTH 10TH STREET LINCOLN, NE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BEYNON, DAVID J 640 S 10TH ST LINCOLN, NE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DARNELL, WILLIAM R 640 S 10TH ST. LINCOLN, NE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BEYNON, PETER I 640 SOUTH 10TH STREET LINCOLN, NE 68508
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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.

SIGNATURE: *A.M. Davis Mercantile Co* *R. William Darnell Exec U.P.* 01/07/08 402 9762100
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #