

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 822810

FILED
Jan 12, 2009
Secretary of State

Entity Name: A.M. DAVIS MERCANTILE CO.

Current Principal Place of Business:

640 SOUTH 10TH STREET
P.O. BOX 82226
LINCOLN, NE 685019226

New Principal Place of Business:

640 SOUTH 10TH STREET
LINCOLN, NE 685012226

Current Mailing Address:

640 SOUTH 10TH STREET
P.O. BOX 82226
LINCOLN, NE 685019226

New Mailing Address:

FEI Number: 47-0408723 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: VD () Delete
Name: WILLIAMS, THOMAS
Address: 640 SOUTH 10TH STREET
City-St-Zip: LINCOLN, NE

Title: STD () Delete
Name: BEYNON, ESTHER L
Address: 640 SOUTH 10TH STREET
City-St-Zip: LINCOLN, NE

Title: P () Delete
Name: BEYNON, DAVID J
Address: 640 S 10TH ST
City-St-Zip: LINCOLN, NE

Title: VP () Delete
Name: DARNELL, WILLIAM R
Address: 640 S 10TH ST.
City-St-Zip: LINCOLN, NE

Title: D () Delete
Name: BEYNON, PETER I
Address: 640 SOUTH 10TH STREET
City-St-Zip: LINCOLN, NE 68508

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: R. WILLIAM DARNELL

VP

01/12/2009

Electronic Signature of Signing Officer or Director

_____ Date