

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F10000002283

**FILED**  
**Apr 27, 2011**  
**Secretary of State**

**Entity Name:** BRADFORD AND GALT, INCORPORATED

**Current Principal Place of Business:**

#4 CITY PLACE SUITE 100  
ST LOUIS, MO 63141

**New Principal Place of Business:**

11457 OLDE CABIN ROAD - SUITE 200  
ST LOUIS, MO 63141

**Current Mailing Address:**

#4 CITY PLACE SUITE 100  
ST LOUIS, MO 63141

**New Mailing Address:**

11457 OLDE CABIN ROAD - SUITE 200  
ST LOUIS, MO 63141

**FEI Number:** 43-1338092

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

NRAI SERVICES, INC.  
515 E. PARK AVENUE  
TALLAHASSEE, FL 32301 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

**OFFICERS AND DIRECTORS:**

**Title:** MR.  
**Name:** LAYTON, BRADFORD C  
**Address:** 22 BELLERIVE COUNTY CLUB GROUNDS  
**City-St-Zip:** ST LOUIS, MO 63141

**Title:** MS.  
**Name:** LAYTON, BARBARA  
**Address:** 22 BELLERIVE COUNTY CLUB GROUNDS  
**City-St-Zip:** ST LOUIS, MO 63141

I hereby 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 all other like empowered.

**SIGNATURE:** BRADFORD C. LAYTON

PRES

04/27/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date