

1.) CORPORATION NAME:

**EDJ Holding Company, Inc.**

DUE DATE: **11/30/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CT CORPORATION SYSTEM  
4701 COX ROAD, SUITE 285  
GLEN ALLEN, VA**

SCC ID NO: **F1124587**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	30,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**HENRICO COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:

**MO**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 12555 MANCHESTER RD

CITY/ST/ZIP: ST LOUIS, MO 63131

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	JAMES WEDDLE	
TITLE:	PRESIDENT	
ADDRESS:	12555 MANCHESTER ROAD	
CITY/ST/ZIP/CO:	ST LOUIS, MO 63131	

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	NORMAN EAKER	
TITLE:	VICE PRESIDENT	
ADDRESS:	12555 MANCHESTER ROAD	
CITY/ST/ZIP/CO:	ST LOUIS, MO 63131	

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	KEVIN BASTIEN	
TITLE:	TREASURER	
ADDRESS:	12555 MANCHESTER ROAD	
CITY/ST/ZIP/CO:	ST LOUIS, MO 63131	

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	LISA DOLAN	
TITLE:	ASST TREASURER	
ADDRESS:	12555 MANCHESTER ROAD	
CITY/ST/ZIP/CO:	ST. LOUIS, MO 63131	

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	MARK WYLIE	
TITLE:	ASST SECRETARY	
ADDRESS:	12555 MANCHESTER ROAD	
CITY/ST/ZIP/CO:	ST. LOUIS, MO 63131	

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	KAY BRADLEY	
TITLE:	ASST SECRETARY	
ADDRESS:	12555 MANCHESTER ROAD	
CITY/ST/ZIP/CO:	ST. LOUIS, MO 63131	

NAME: CHRIS LEWIS TITLE: ASST SECRETARY ADDRESS: 12555 MANCHESTER ROAD CITY/ST/ZIP/CO: ST. LOUIS, MO 63131	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
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NAME: JAMES A TRICARICO JR. TITLE: SECRETARY ADDRESS: 12555 MANCHESTER ROAD CITY/ST/ZIP/CO: ST LOUIS, MO 63131	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
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I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.

/s/ KAY BRADLEY SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	KAY BRADLEY, ASST SECRETARY PRINTED NAME AND CORPORATE TITLE	11/15/2013 DATE
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It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.