

Robin Carnahan Secretary of State
 2009 ANNUAL REGISTRATION REPORT
 NONPROFIT

File Number: 200918990891
 N00068745
 Date Filed: 07/08/2009
 Robin Carnahan
 Secretary of State

REPORT DUE BY: 08/31/2009

ORGANIZED UNDER THE LAWS OF:
Missouri

N00068745
 MISSOURI FLOODPLAIN AND STORMWATER MANAGERS ASSOCIATION
 Sanders, Janet
 2303 Militia Drive/ PO Box 775
 Jefferson City, MO 65101

PRINCIPAL PLACE OF BUSINESS OR CORPORATE HEADQUARTERS:

 1 _____, 303 West Walnut
 STREET
 Independence, MO 64050
 CITY/STATE ZIP

If changing the registered agent and/or registered office address, please check the appropriate box(es) and fill in the necessary information.

2 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 303 West Walnut Independence MO 64050
Must be a Missouri address, PO Box alone is not acceptable. This section is not applicable for Banks, Trusts and Foreign Insurance.

OFFICERS		BOARD OF DIRECTORS	
NAME AND PHYSICAL ADDRESS (P.O. BOX ALONE NOT ACCEPTABLE). <u>MUST LIST AT LEAST ONE OFFICER BELOW.</u>		NAME AND PHYSICAL ADDRESS (P.O. BOX ALONE NOT ACCEPTABLE). <u>MUST LIST AT LEAST THREE DIRECTORS BELOW.</u>	
PRES	Tom Krahenbuhl	NAME	Gary Roark
STREET/RT	303 West Walnut St	STREET/RT	101 S Wood St
CITY/STATE/ZIP	Independence, MO 64063	CITY/STATE/ZIP	Neposho, MO 64850
V-PRES	Errin Kemper	NAME	Gil Gates
STREET/RT	840 N Boonville, PO Box 8368	STREET/RT	715 Washington Street
CITY/STATE/ZIP	Springfield, MO 65801	CITY/STATE/ZIP	Chillicothe, MO 64601
SEC'Y	Ellie Marr	NAME	Brian Hess
STREET/RT	201 North 2nd Street	STREET/RT	101 East Kansas
CITY/STATE/ZIP	St. Charles, MO 63303	CITY/STATE/ZIP	Liberty, MO 64068
TREAS	Gil Gates	NAME
STREET/RT	715 Washington Street	STREET/RT
CITY/STATE/ZIP	Chillicothe, MO 64601	CITY/STATE/ZIP

NAMES AND ADDRESSES OF ALL OTHER OFFICERS AND DIRECTORS ARE ATTACHED

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.

4 Authorized party or officer sign here Tom Krahenbuhl (Required)

Please print name and title of signer: Tom Krahenbuhl / president
 NAME TITLE

REGISTRATION REPORT FEE IS:
 ___ \$10.00 If filed on or before 8/31
 ___ \$15.00 If filed after 8/31
 Corporation will be administratively dissolved if report is not filed by November 30th.

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