

A. Ralph Mollis, Secretary of State Corporations Division 148 W. River Street Providence, RI 02904-2615 401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2009 401.222.30 Filing Period: January 1 - March 1 - Filing Fee: \$50.00\* · THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.

\* In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(e)d)) is the strength of the st

| 1. Corporate ID No.<br>118685  | 2. Name of Corporation LBJ DedXport, Inc.   |  |  |                                 |  |
|--|---|--|--|---------------------------------|--|
| 3. Street Address Principal Business Office 32 Mechanic Avenue, P.O. Box 12  |   | City<br>Woonsocket   | State<br>RI  | <sup>Zip</sup><br>02895         |  |
| 4. Business Phone No. 401-769-8800  5. State of Incorporation Rhode Island  6. Brief Description of the Character of Business Conducted in Rhode Island    |   |  |  |                                 |  |
| Wholesale and retail Gift  | er of Business Conducted in<br>Distributors | Rhode Island   |  |                                 |  |
| 7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATT) President Name Gregory Burbank   |   |  | Vice President Name Same   |                                 |  |
| Street Address 10 Fountain Spring Lane   |   |  | Street Address   |                                 |  |
| City<br>Johnston   | State<br>RI                                 | <sup>Zip</sup><br>02919  | City   | State                           | Zip  |
| Secretary Name<br>Same   |   |  | Treasurer Name Same  |                                 |  |
| Street Address   |   |  | Street Address   |                                 |  |
| City   | State                                       | Zip  | Cît <sub>î</sub> r   | State                           | Zip  |
| 8. NAMES AND ADDRESSE. Director Name N/A   | S OF THE DIRECTOR                           | S: ("X" BOX FOR AT   | TACHMENT)   FILL IN Director Name  | I SPACES BEFORE USIN            | G ATTACHMENTS  |
| Street Address   |   |  | Street Address   |                                 |  |
| City   | State                                       | Zip  | City   | State                           | <b>3</b> p   |
| Director Name  | ***************************************     |  | Director Name  |                                 | 25   |
| Street Address   |   |  | Street Address   |                                 | 7 5 5 5 5  |
| City:  | State                                       | Zip  | City   | State                           | Zib  US  |
| 9. SHARES AUTHORIZED   |   |  | 10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) SSUED SHARES — THIS SECTION MUST BE COMPLETED |                                 |  |
| This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet. |   |  | Number of Shares   | Class/Series                    | Par Value  |
|  |   |  | 420  | Common                          | No Par   |
|  |   |  | 7.740  |                                 | 77.0.2   |
| This report must be executed this report must be executed  File Date  Check No.  | on benan of the corpo                       | oration by an authorize pration by the receiver of FILED OCT 09 2009 | or trustee.<br>Under p <b>ysl</b> alty of pe   | rjury, I declare and affirm the | nat I have examined this report, tements, and that all statements  - 29 - 09  Date |
| FOR SECRETARY OF STATE USE ONLY  |   |  | Gregory Burbank, President   |                                 |  |
|  |   |  | Title  |                                 |  |