

**BEFORE THE PUBLIC SERVICE COMMISSION
OF THE STATE OF MISSOURI**

Director of the Manufactured Housing and)	
Modular Units Program of the Missouri)	
Public Service Commission,)	
)	
Complainant,)	
)	Case No. MC-2009-0259
v.)	
)	
Brookside Homes, Inc.,)	
)	
Respondent.)	

STAFF'S RESPONSE TO JANUARY 21, 2009 ORDER

COMES NOW, the Director of the Manufactured Homes and Modular Units Program of the Missouri Public Service Commission (Director), by and through the Missouri Public Service Commission's (Commission) Office of General Counsel, and for its response to the Commission's January 21, 2009 Order Directing Filing states:

The Application to register as a manufactured home dealer filed by Brookside Homes, Inc., appears to comply with section 700.090 RSMo. (2000 & Supp. 2008). Though the Application does not provide a "list"¹ of all officers and directors of the corporation, a review of the Secretary of State's website shows that Steven D. Warren is the sole officer and director for Brookside Homes, Inc. (See attached Exhibit 1).

Respectfully submitted,

/s/ Steven C. Reed

Steven C Reed

Missouri Bar No. 40616

¹ See section 700.090.3(1)(c) RSMo. (2000 & Supp. 2008).

Eric Dearmont
Missouri Bar No. 60892

Attorneys for the Director of the Manufactured
Housing and Modular Units Program of the
Missouri Public Service Commission
P. O. Box 360
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(573) 751-9285 (Fax)

Certificate of Service

I hereby certify that copies of the foregoing have been mailed, hand-delivered, transmitted by facsimile or electronically mailed to all counsel of record this 23rd day of January, 2009.

/s/ Steven C. Reed
Steven C. Reed

Robin Carnahan Secretary of State
2008 ANNUAL REGISTRATION REPORT
BUSINESS

File Number: 200805992753

00469254

Date Filed: 02/28/2008

Robin Carnahan
Secretary of State

REPORT DUE BY: **04/30/2008**

ANNUAL REPORT MONTH:
January

00469254
BROOKSIDE HOMES, INC.
STEVEN D WARREN
2455 US HIGHWAY 67 SOUTH
FESTUS, MO 63028

PRINCIPAL PLACE OF BUSINESS OR
CORPORATE HEADQUARTERS:

1 **2455 US Highway 67 South (Required)**

STREET

Festus, MO

63028

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.

☐

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

Must be a Missouri address, PO Box alone is not acceptable. This section is not applicable for Banks, Trusts and Foreign Insurance.

OFFICERS

NAME AND PHYSICAL ADDRESS (P.O. BOX ALONE NOT
ACCEPTABLE). (MUST LIST PRESIDENT AND SECRETARY BELOW)

PRES Steven D. Warren (Required)

STREET/RT **3936 Falcon View Lane**

CITY/STATE/ZIP **St. Louis, MO 63129**

V-PRES

STREET/RT

CITY/STATE/ZIP

SEC'Y Steven D. Warren (Required)

STREET/RT **3936 Falcon View Lane**

CITY/STATE/ZIP **St. Louis, MO 63129**

TREAS

STREET/RT

CITY/STATE/ZIP

NAMES AND ADDRESSES OF ALL OTHER OFFICERS AND DIRECTORS ARE ATTACHED

BOARD OF DIRECTORS

NAME AND PHYSICAL ADDRESS (P.O. BOX ALONE NOT
ACCEPTABLE). (MUST LIST AT LEAST ONE DIRECTOR BELOW)

NAME Steven D. Warren (Required)

STREET/RT **3936 Falcon View Lane**

CITY/STATE/ZIP **St. Louis, MO 63129**

NAME

STREET/RT

CITY/STATE/ZIP

NAME

STREET/RT

CITY/STATE/ZIP

NAME

STREET/RT

CITY/STATE/ZIP

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.

Authorized party or officer sign here

DAVID P LINDERER

(Required)

Please print name and title of signer:

DAVID P LINDERER

CPA

NAME

TITLE

REGISTRATION REPORT FEE IS:

- ___ \$20.00 If filed on or before 4/30
- ___ \$35.00 If filed on or before 5/31
- ___ \$50.00 If filed on or before 6/30
- ___ \$65.00 If filed on or before 7/31

**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

RETURN COMPLETED REGISTRATION REPORT AND PAYMENT TO THE SECRETARY OF STATE - P.O. BOX 1366, JEFFERSON CITY, MO 65102

Exhibit 1