2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F9600003133 1. Entity Name CLAYCO CONSTRUCTION COMPANY, INC.					Secretary of State 01-17-2002 90043 042 ***150.00			
Principal Place of Business 2199 INNERBELT BUSINESS CENTER ST LOUIS MO 63114		Mailing Address 2199 INNERBELT BUSINESS CENTER ST LOUIS MO 63114						
2. Principal	Place of Business	3. Mailing Address	···.					
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE			
City & State		City & State		4.	4. FEI Number A2-1220070 Applied For			
Zip	Country	Zip	Country	5.	43-1339079 Certificate of Status Desired	\$8.75 Add		
<u> </u>	6. Name and Address of Current F	egistered Agent	<u> </u>	7.1	Name and Address of New Registe	Fee Require	ıd	-
	v. Name and Address of Garrent P	egistered Agent	Name	7. 1	Name and Address of New Registe	red Agent		ł
	ATION SERVICE COMPANY YS STREET	Street	Address (P.O. E	dress (P.O. Box Number is Not Acceptable)				
TALLAHASSEE FL 32301-2525								
			City			FL Zip Cod	е	l
Tax filing	Signature, typed or printed name of registered agent are condition is eligible to satisfy its Intangible requirement and elects to do so.	FILE NOW!	E: Registered Agent sign: III FEE IS \$150 02 Fee will be \$ ble to Department).00 5550.00	10. Election Campaign Financing Trust Fund Contribution.	· _ \\	May Be	-
11.	OFFICERS AND D	IRECTORS	12.	AD	DITIONS/CHANGES TO OFFICERS	AND DIRECTORS	3 IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PC CLARK, ROBERT G 2199 INNERBELT BUSINESS CEN ST LOUIS MO 63114	□ Delete	TITLE NAME STREET ADDRESS CHY-ST-ZIP			☐ Change	☐ Addition	CR2E034 (9/01)
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SCFO MURPHY, MICHAEL P 2199 INNERBELT BUSINESS CEN ST LOUIS MO 63114	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition	5
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P. WILLSON, JOHN G 2199 INNERBELT BUSINESS CTR ST LOUIS MO 63114	□ Delete DR	TITLE NAME STREET ADDRESS CITY-ST-ZIP	-	•	☐ Change	☐ Addition	. =
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PIEPER, RAYMOND F 51 MUIRFIELD COURT ST LOUIS MO 63141	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	The state of the s	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition .	***
TITLE NAME STREET ADDRESS SITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition	
of the cor	certify that the information supplied with the on this report or supplemental report is to poration or the receiver or trustee empower, or on an attachment with an address, with the contract of the contract	ue and accurate and that mered to execute this report a	iv signature shall i	have the same b	enal offect as if made under eath: th	at I am an officer	or director	•

SEONIMERALL P. MURAM

SIGNATURE:

314-429-5700 Daytime Phone #