

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 26, 2001 8:00 am**  
**Secretary of State**

01-26-2001 90017 044 \*\*\*150.00

**DOCUMENT # F97000002845**

1. Entity Name  
**NOOTER CONSTRUCTION COMPANY**

Principal Place of Business      Mailing Address  
**1400 SOUTH THIRD STREET      1400 SOUTH THIRD STREET**  
**ST LOUIS MO 63104              ST LOUIS MO 63104**

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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

4. FEI Number **43-1219718**      Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM**  
**1200 SOUTH PINE ISLAND ROAD**  
**PLANTATION FL 33324**

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City      **FL**      Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.   
 (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	DREHER, JOHN A	
STREET ADDRESS	1438 DIETRICH OAKS DRIVE	
CITY-ST-ZIP	MANCHESTER MO	
TITLE	V	<input type="checkbox"/> Delete
NAME	ZINZER, RONALD C	
STREET ADDRESS	19 EAST WOODS CIRCLE	
CITY-ST-ZIP	DOYELSTOWN PA	
TITLE	VS	<input type="checkbox"/> Delete
NAME	NELSON, JIMMY L	
STREET ADDRESS	3543 YAEGER CROSSING	
CITY-ST-ZIP	SAINT LOUIS MO 63129	
TITLE	<del>MCGA</del>	<input checked="" type="checkbox"/> Delete
NAME	<del>ULEY, ROBERT L</del>	
STREET ADDRESS	<del>365 MOULE DR</del>	
CITY-ST-ZIP	<del>FLORISSANT MO 63031</del>	
TITLE	V-PRES	<input type="checkbox"/> Delete
NAME	WICKLEIN, BERNIE	
STREET ADDRESS	412 COUNTRY CLUB ACRES	
CITY-ST-ZIP	BELLEUILLE, IL 62223	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Jim Nelson*      **JIM NELSON**      1/5/00      314-421-7331  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E034 (10/00)