

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2001 8:00 am
Secretary of State

05-15-2001 90004 012 ***150.00

DOCUMENT # F97000004490
 1. Entity Name
FLEISHMAN-HILLARD INC.

Principal Place of Business 200 N. BROADWAY ST. LOUIS MO 19901-6310	Mailing Address 200 N. BROADWAY ST. LOUIS MO 19901-6310
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State



DO NOT WRITE IN THIS SPACE

Zip	Country	Zip	Country
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4. FEI Number 43-1791685	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**UNITED CORPORATE SERVICES
 9200 SOUTH DADELAND BLVD.
 SUITE 508
 MIAMI FL 33156-0000**

7. Name and Address of New Registered Agent

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	
TITLE D Delete <input type="checkbox"/>	WREN, JOHN 437 MADISON AVE. NEW YORK NY 10022
TITLE SD Delete <input type="checkbox"/>	WAGNER, BARRY 437 MADISON AVE. NEW YORK NY 10022
TITLE D Delete <input type="checkbox"/>	HARRISON, THOMAS 437 MADISON AVE NEW YORK NY 10022
TITLE CCD Delete <input type="checkbox"/>	GRAHAM, JOHN D 200 N BROADWAY ST LOUIS FL 63102
TITLE TD Delete <input type="checkbox"/>	ROLLINS, ROYCE 200 N BROADWAY ST LOUIS FL 63102
TITLE CFO Delete <input type="checkbox"/>	ROHLFING, FREDERIC L 300 N BROADWAY ST LOUIS MO 63102

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE Change <input type="checkbox"/> Addition <input type="checkbox"/>	
TITLE Change <input type="checkbox"/> Addition <input type="checkbox"/>	
TITLE Change <input type="checkbox"/> Addition <input type="checkbox"/>	
TITLE Change <input type="checkbox"/> Addition <input type="checkbox"/>	
TITLE Change <input type="checkbox"/> Addition <input type="checkbox"/>	
TITLE Change <input type="checkbox"/> Addition <input type="checkbox"/>	

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: *Frederic Rohlifing* **FREDERIC ROHLFING-CFO** 4/20/01 (314) 982-1700
Signature, typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (10/00)