

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2001 8:00 am
Secretary of State

05-03-2001 91067 001 ***600.00

DOCUMENT # F99000004669

1. Entity Name
FLEETWOOD, INC.

Principal Place of Business 8020 FORSYTH BLVD. ST. LOUIS MO 63105	Mailing Address 8020 FORSYTH BLVD. ST. LOUIS MO 63105
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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 **94-3142164** 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME	TITLE	NAME
CD	CHAPMAN, ROBERT H	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	8020 FORSYTH BLVD.	STREET ADDRESS	
CITY-ST-ZIP	ST. LOUIS MO 63105	CITY-ST-ZIP	
P	OSTAPOWICZ, PHILLIP G	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	8020 FORSYTH BLVD.	STREET ADDRESS	
CITY-ST-ZIP	ST. LOUIS MO 63105	CITY-ST-ZIP	
VSD	LAWSON, JAMES W	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	8020 FORSYTH BLVD.	STREET ADDRESS	
CITY-ST-ZIP	ST. LOUIS MO 63105	CITY-ST-ZIP	
V	COONROD, GREGORY L	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	8020 FORSYTH BLVD.	STREET ADDRESS	
CITY-ST-ZIP	ST. LOUIS MO 63105	CITY-ST-ZIP	
TAS	ZACCARELLO, MICHAEL D	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	8020 FORSYTH BLVD.	STREET ADDRESS	
CITY-ST-ZIP	ST. LOUIS MO 63105	CITY-ST-ZIP	
V	FRITZMEYER, KEVIN	<input checked="" type="checkbox"/> Delete	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	8020 FORSYTH BLVD.	STREET ADDRESS	David Brown
CITY-ST-ZIP	ST. LOUIS MO 63105	CITY-ST-ZIP	8020 Forsyth Blvd. St. Louis, MO 63105

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: Michael D. Zaccarello Michael D. Zaccarello, Treasurer 4/17/2001 (314) 862-8000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)