## 2002 UNIFORM BUSINESS REPORT (UBR)

## May 22, 2002 8:00 am Secretary of State DOCUMENT # H34002 1. Entity Name 05-22-2002 90113 048 \*\*\*150.00 A.I. ACQUISITION, INC. Principal Place of Business Mailing Address 705 OLIVE STREET, RM. 804 705 OLIVE STREET, RM. 804 ST. LOUIS MO 63101 ST. LOUIS MO 63101 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. FEI Number Applied For 43-1350779 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 S. PINE ISLAND ROAD PLANTATION: FL 33324 Zip Code City FL 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. Change ☐ Addition TITLE Delete TITI F PD NAME NAME CELLA, CHARLES J. STREET ADDRESS STREET ADDRESS 705 OLIVE, ROOM 804 CITY-ST-ZIP CITY-ST-ZIP ST. LOUIS MO ☐ Delete TITLE Change ☐ Addition NAME NAME CELLA, LOUIS A STREET ADDRESS STREET ADDRESS 705 OLIVE, RM.804 CITY-ST-ZIP CITY-ST-ZIP ST: LOUIS MO TITLE - - Delete TITLE Change ☐ Addition **VD** NAME NAME MCDONALD, JOHN T. STREET ADDRESS STREET ADDRESS 705 OLIVE, RM 804 CITY-ST-ZIP CITY-ST-ZIP ST. LOUIS MO TITLE ☐ Delete TITLE ☐ Change ☐ Addition **VD** NAME NAME CELLA, JOHN G STREET ADDRESS STREET ADDRESS. 705 OLIVE, ROOM 804 CITY-ST-ZIP CITY-ST-ZIP ST. LOUIS MO TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS

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 attackment with an address, with all other the empowered.

CITY-ST-ZIP

SIGNATURE: A SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CITY-ST-ZIP

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Daytime Phone #

**FILED**