

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 04, 2000 8:00 am**  
**Secretary of State**

02-04-2000 90019 039 \*\*\*150.00

**DOCUMENT # P15876**

1. Entity Name

**SPORLAN VALVE COMPANY**

Principal Place of Business

Mailing Address

206 LANGE DR  
 WASHINGTON MO 63090  
 US

206 LANGE DR  
 WASHINGTON MO 63090-1040  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**43-0531500**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CT CORPORATION SYSTEM**  
**1200 S. 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

Signature, typed or printed name of registered agent and title if applicable.

(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, 2000 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 **AT**  Delete  
 NAME **WEIS, TERRY L.**  
 STREET ADDRESS **4007 RADCLIFFE PLACE CT**  
 CITY-ST-ZIP **ST LOUIS MO 63025**

TITLE **Secretary/Treasurer**  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **PD**  Delete  
 NAME **OHLEMEYER, K.A.**  
 STREET ADDRESS **9330 ROBYN HILLS DR.**  
 CITY-ST-ZIP **ST. LOUIS MO 63127**

TITLE **VP**  Change  Addition  
 NAME **G. Thomas Seener**  
 STREET ADDRESS **40 Alborado**  
 CITY-ST-ZIP **Washington MO 63090**

TITLE **STD**  Delete  
 NAME **LANGE, HAROLD T., JR.**  
 STREET ADDRESS **131 EAST ADAMS, #2D**  
 CITY-ST-ZIP **ST LOUIS MO 63122**

TITLE **Assistant Treasurer**  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **VP**  Delete  
 NAME **SCHELICH, ARDELL J.**  
 STREET ADDRESS **#7 SCENIC DR.**  
 CITY-ST-ZIP **WASHINGTON MO 63090**

TITLE **VP**  Change  Addition  
 NAME **Michael A. Noelke**  
 STREET ADDRESS **4443 Kerth Manor Drive**  
 CITY-ST-ZIP **St. Louis MO 63128**

TITLE **VP**  Delete  
 NAME **HEFFNER, JOSEPH H**  
 STREET ADDRESS **15805 RICHBOROUGH RD.**  
 CITY-ST-ZIP **CHESTERFIELD MO 63017**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS **360 Laramore Valley Drive**  
 CITY-ST-ZIP **Chesterfield MO 63005**

TITLE **D**  Delete  
 NAME **LEMKEMIER, NED O.**  
 STREET ADDRESS **3 BRIDLE CREEK**  
 CITY-ST-ZIP **ST. LOUIS MO 63124**

TITLE **VP**  Change  Addition  
 NAME **Joseph E. Grimm**  
 STREET ADDRESS **#27 Austin Place**  
 CITY-ST-ZIP **St. Louis MO 63122**

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:

*[Handwritten Signature]*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*1/25/00*  
 Date

*636-239-1111*  
 Daytime Phone #