


**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90244 017 ***150.00

DOCUMENT # P18224					
1. Entity Name MICHELSON REALTY COMPANY					
Principal Place of Business 7701 FORSYTH BLVD. SUITE 900 CLAYTON, MO 63105-8813		Mailing Address 7701 FORSYTH BLVD. SUITE 900 CLAYTON, MO 63105-8813			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 43-0716882	
Zip		Zip		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Country		Country		Applied For Not Applicable	
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
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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
FILE NOW! FEE IS \$150.00 After May 1, 2003 Fee will be \$350.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MICHELSON, BRUCE V.		NAME		
STREET ADDRESS	7701 FORSYTH BLVD.		STREET ADDRESS		
CITY-ST-ZIP	CLAYTON, MO		CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	LAZAROFF, ROBERT D.		NAME		
STREET ADDRESS	7701 FORSYTH BLVD.		STREET ADDRESS		
CITY-ST-ZIP	ST. LOUIS, MO		CITY-ST-ZIP		
TITLE	EV	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	LAZAROFF, HAROLD		NAME		
STREET ADDRESS	7701 FORSYTH BLVD.		STREET ADDRESS		
CITY-ST-ZIP	SAINT LOUIS, MO 63122		CITY-ST-ZIP		
TITLE	VSTD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MICHELSON, BRUCE V JR		NAME		
STREET ADDRESS	7701 FORSYTH BLVD		STREET ADDRESS		
CITY-ST-ZIP	SAINT LOUIS, MO 63122		CITY-ST-ZIP		
TITLE	VC	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CASEY, MICHAEL E.		NAME		
STREET ADDRESS	7701 FORSYTH BLVD.		STREET ADDRESS		
CITY-ST-ZIP	SAINT LOUIS, MO 63126		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>Bruce V. Michelson, Jr.</i>		Bruce V. Michelson, Jr.		4/30/03	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone # 314-862-7080	

CR2E034 (1/02)