

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

FILED
Jan 13, 2003 8:00 am
Secretary of State

01-13-2003 90128 044 ***150.00

CR2E034 (10/02)

DOCUMENT # P27290

1. Entity Name
MISSOURI MITEK INDUSTRIES, INC.



Principal Place of Business
**14515 N. OUTER FORTY ROAD, STE 300
P O BOX 7359
CHESTERFIELD MO 63017**

Mailing Address
**14515 N. OUTER FORTY ROAD, STE 300
P O BOX 7359
CHESTERFIELD MO 63017**

20003297



2. Principal Place of Business
14515 N Outer Forty Dr

3. Mailing Address
14515 N Outer Forty Dr

Suite, Apt. #, etc.
Suite 300

City & State
Chesterfield, MO

Zip
63017

Country
U.S.A.

CHECK HERE IF MAKING CHANGES

4. FEI Number **43-1531931**

Applied For
 Not Applicable

6. Name and Address of Current Registered Agent
**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____

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
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MARRIOT, RICHARD H JR 14515 N. OUTER FORTY ROAD, SUITE 300 CHESTERFIELD MO 63017 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MANENTI, THOMAS J. 2536 PEPPERMILL RIDGE DR CHESTERFIELD MO <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V CABLER, STEPHEN W. 1164 CHAVANAC DRIVE MANCHESTER MO <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CCEO TOOMBS, EUGENE M 14515 N OUTER FORTY ROAD CHESTERFIELD MO 63017 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSGC CARR, JOSEPH C JR. 14515 N. OUTER FORTY ROAD STE. 300 CHESTERFIELD MO 63017 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BURKHARDT, RONALD S 14515 NORTH OUTER FORTY RD, STE #300 CHESTERFIELD MO 63017 <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **SIGNATURE REQUIRED** Joseph C. Carr, Jr. 01/07/03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #