2001 UNIFORM BUSINESS REPORT (UBR)

Feb 06, 2001 8:00 am **DOCUMENT # P35952 Secretary of State** 1. Entity Name JAMES E. FRICK, INC. 02-06-2001 90296 001 ***150.00 Principal Place of Business Mailing Address 10101 WOODFIELD LANE PO BOX 14669 ST LOUIS MO 63132 ST LOUIS MO 63178 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 43-0894768 Not Applicable Zip Country Zip 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, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. TITLE ☐ Delete TITLE Change Addition NAME HILL JENNIFER L. NAME STREET ADDRESS STREET ADDRESS 10101 WOODFIELD LANE CITY-ST-ZIP CITY-ST-ZIP ST LOUIS MO TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STOHLDRIER, L JOSEPH NAME STREET ADDRESS STREET ADDRESS 10101 WOODFIELD LANE CITY-ST-ZIP CITY-ST-ZIP ST LOUIS MO 63132 ☐ Addition TITLE ☐ Delete TITLE ROSS, GARY W NAME STREET ADDRESS STREET ADDRESS 10101 WOODFIELD LANE CITY-ST-ZIP ST LOUIS MO ☐ Change ☐ Addition TITLE ☐ Delete TITLE HOFFMAN, STEPHEN E STREET ADDRESS 10101 WOODFIELD LANE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **ST LOUIS MO 63132** ☐ Change TITLE ☐ Delete ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition

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.

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JENNIFER L. HILL 1-29-01 314-997-2100

FILED