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Apr 24 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F96000001114 (5)

1. Corporation Name

WVP ENGINEERS/ARCHITECTS/PLANNERS CORPORATION



Principal Place of Business

2810 S. GRAND BLVD.
ST. LOUIS MO 63118

Mailing Address

2810 S. GRAND BLVD.
ST. LOUIS MO 63118-1010

3. Date Incorporated or Qualified

03/04/1996

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

4. FEI Number

43-1195901

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PTDC
NAME CHILTON, DAN L
STREET ADDRESS RR 2 BOX 163B
CITY, ST, ZIP BETHANY IL 61814

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
4400 LINCOLN APT 15H
ST LOUIS, MO 63108

TITLE VS
NAME MESHA, PETER H
STREET ADDRESS 8311 WOODRIDGE DR.
CITY-ST-ZIP WOODRIDGE IL 60517

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
VSB

TITLE TD
NAME SUTTON, RICHARD D
STREET ADDRESS 3921 ALLENTON RD.
CITY-ST-ZIP PACIFIC MO 63069

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
VD

TITLE D
NAME ANDREWS, ROBERT J
STREET ADDRESS 1355 FINLEY CT.
CITY-ST-ZIP MT ZION IL 62549

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
VD
5750 WALNUT AVE. #2A
DOWNERS GROVE, IL 60516

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
VD
MEL M. MILLERBROCK
1702 PURITY CT.
FENTON, MO 63026

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP
VD
JAMES J. MARY
2261 WOODBINE
DECATUR

CONTINUED - SEE ATTACHED

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Dan L. Chilton
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Dan L. Chilton

4/17/97

Date

314.644.8886

Daytime Phone #

CR2E034 (9/96)



WVP CORPORATION

Chicago St. Louis Decatur

WVP Proj. No. _____ Page No. _____

Proj. No. _____

Client _____

Subject _____

Computed by _____ Date _____

Checked by _____ Date _____

Reviewed by _____ Date _____

Approved by _____ Date _____

Sheet No. _____ of _____

OFFICERS AND DIRECTORS - CONTINUED

TITLE
NAME
STREET
CITY-ZIP

D
C. ALAN DAPRON
3507 SORREL TREE LANE
ST. LOUIS, MO 63129