

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 05, 2001 8:00 am
Secretary of State

02-05-2001 90121 021 ***158.75

DOCUMENT # F96000001114

1. Entity Name
WVP ENGINEERS/ARCHITECTS/PLANNERS CORPORATION

Principal Place of Business
**2810 S. GRAND BLVD.
ST. LOUIS MO 63118**

Mailing Address
**100 CALIFORNIA STREET
#500
SAN FRANCISCO CA 94111**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 43-1195901	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525**

Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	Zip Code

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) 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, 2001 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 NAME STREET ADDRESS CITY-ST-ZIP	PD CHILTON, DAN L 452 EAGLE POINT LANDING DR EUREKA MO 63025 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CHILTON, DAN 2810 SOUTH GRAND BLVD. ST. LOUIS, MO 63118 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS MESHA, PETER H 8311 WOODRIDGE DR. WOODRIDGE IL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS MESHA, PETER H. 122 SOUTH MICHIGAN AVE., #1920 CHICAGO, IL 60603 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SUTTON, RICHARD D 3921 ALLENTON RD. PACIFIC MO <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SUTTON, RICHARD 2810 SOUTH GRAND BLVD. ST. LOUIS, MO 63118 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ANDREWS, ROBERT J 5750 WALNUT AVE, #2A DOWNERS GROVE IL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ANDREWS, ROBERT J. 122 SOUTH MICHIGAN AVE, #1920 CHICAGO, IL 60603 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MILLENBRUCK, MEL M 1702 PURITY CT FENTON MO <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MILLENBRUCK, MEL M. 2810 SOUTH GRAND BLVD. ST. LOUIS, MO 63118 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MARTY, JAMES J 2261 WOODBINE DECATUR IL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MARTY, JAMES J. 3040 NORTH UNIVERSITY AVE., #1 DECATUR, IL 62526 <input checked="" type="checkbox"/> Change <input type="checkbox"/> 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**JOSEPH MASTERS,
VICE PRESIDENT**

1-26-01

Date

415.774.2700

Daytime Phone #

CR2E034 (10/00)

Attachment
D# F96000001114

WVP CORPORATION / DOCUMENT NUMBER F96000001114

11. OFFICERS & DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS & DIRECTORS IN 11	
Title Name Street Address City-State-ZIP	V/Asst. S Ainsworth, Kent P. 100 California Street, Suite 500 San Francisco, CA 94111 <input type="checkbox"/> Delete	1.1 Title 1.2 Name 1.3 Street Address 1.4 City-State-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
Title Name Street Address City-State-ZIP	V/T Jorgensen, Cynthia 100 California Street, Suite 500 San Francisco, CA 94111 <input checked="" type="checkbox"/> Delete	2.1 Title 2.2 Name 2.3 Street Address 2.4 City-State-ZIP	V/T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Nelson, David C. 100 California Street, Suite 500 San Francisco, CA 94111
Title Name Street Address City-State-ZIP	V Rosenstein, Irwin L. One Penn Plaza, Suite 610 New York, NY 10119 <input type="checkbox"/> Delete	3.1 Title 3.2 Name 3.3 Street Address 3.4 City-State-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
Title Name Street Address City-State-ZIP	V Masters, Joseph 100 California Street, Suite 500 San Francisco, CA 94111 <input type="checkbox"/> Delete	4.1 Title 4.2 Name 4.3 Street Address 4.4 City-State-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
Title Name Street Address City-State-ZIP	Asst. S Brummerstedt, Carol 100 California Street, Suite 500 San Francisco, CA 94111 <input type="checkbox"/> Delete	5.1 Title 5.2 Name 5.3 Street Address 5.4 City-State-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
Title Name Street Address City-State-ZIP	D Stevenson, William A. 3950 Sparks Drive SE Grand Rapids, MI 49546 <input type="checkbox"/> Delete	6.1 Title 6.2 Name 6.3 Street Address 6.4 City-State-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
Title Name Street Address City-State-ZIP	V/controller Pedalino, Peter J. One Mack Centre Drive Paramus, NJ 07652 <input type="checkbox"/> Delete	7.1 Title 7.2 Name 7.3 Street Address 7.4 City-State-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
Title Name Street Address City-State-ZIP	<input type="checkbox"/> Delete	8.1 Title 8.2 Name 8.3 Street Address 8.4 City-State-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
Title Name Street Address City-State-ZIP	<input type="checkbox"/> Delete	9.1 Title 9.2 Name 9.3 Street Address 9.4 City-State-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
Title Name Street Address City-State-ZIP	<input type="checkbox"/> Delete	10.1 Title 10.2 Name 10.3 Street Address 10.4 City-State-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
Title Name Street Address City-State-ZIP	<input type="checkbox"/> Delete	11.1 Title 11.2 Name 11.3 Street Address 11.4 City-State-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
Title Name Street Address City-State-ZIP	<input type="checkbox"/> Delete	12.1 Title 12.2 Name 12.3 Street Address 12.4 City-State-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition