

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 10, 2001 8:00 am
Secretary of State
 05-10-2001 90180 041 ***150.00

DOCUMENT # F93000001425

1. Entity Name
CAPE COD-CRICKET LANE, INC.

Principal Place of Business 600 KELLWOOD PARKWAY CHESTERFIELD MO 63017	Mailing Address 600 KELLWOOD PARKWAY CHESTERFIELD MO 63017
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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4. FEI Number 36-2472410	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**THE PRENTICE HALL CORPORATION SYSTEM, INC.
 1201 HAYS STREET
 TALLAHASSEE FL 32301**

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

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	D	<input type="checkbox"/> Delete
NAME	BOTTOM, EDWARD S	
STREET ADDRESS	100 S. WACKER DR., STE. 1140	
CITY-ST-ZIP	CHICAGO IL 60606	
TITLE	D	<input type="checkbox"/> Delete
NAME	BENTELE, RAYMOND F	
STREET ADDRESS	13043 TEMBROOKE VALLEY CT	
CITY-ST-ZIP	ST LOUIS MO 63141	
TITLE	EVPD	<input type="checkbox"/> Delete
NAME	JACOBSEN, JAMES C	
STREET ADDRESS	600 KELLWOOD PARKWAY	
CITY-ST-ZIP	CHESTERFIELD MO 63017	
TITLE	GCS	<input type="checkbox"/> Delete
NAME	POLLIHAN, THOMAS H	
STREET ADDRESS	600 KELLWOOD PARKWAY	
CITY-ST-ZIP	CHESTERFIELD MO 63017	
TITLE	CP	<input type="checkbox"/> Delete
NAME	MCKENNA, WILLIAM J	
STREET ADDRESS	600 KELLWOOD PARKWAY	
CITY-ST-ZIP	CHESTERFIELD MO 63017	
TITLE	VPT	<input type="checkbox"/> Delete
NAME	JOSEPH, ROGER D	
STREET ADDRESS	600 KELLWOOD PARKWAY	
CITY-ST-ZIP	CHESTERFIELD MO 63017	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: *Roger D Joseph*

Roger D Joseph

04/19/01

314/576-3457

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)