

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 239884

1. Entity Name
MAY-COHENS, INC.

FILED
Apr 17, 2001 8:00 am
Secretary of State

04-17-2001 90180 016 ***150.00

Principal Place of Business
**SIXTH AND OLIVE STREETS
ST. LOUIS MO 63101**

Mailing Address
**SIXTH AND OLIVE STREETS
ST. LOUIS MO 63101**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **43-1427814**

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CT-CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

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.

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 **PD** ☐ Delete
NAME **KNIFFEN, JAN R.**
STREET ADDRESS **SIXTH AND OLIVE**
CITY-ST-ZIP **ST LOUIS MO**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VP** ☐ Delete
NAME **DOERR, MARTIN M**
STREET ADDRESS **SIXTH AND OLIVE**
CITY-ST-ZIP **ST LOUIS MO**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **T** ☐ Delete
NAME **SZTUKOWSKI, JOHN A**
STREET ADDRESS **SIXTH AND OLIVE**
CITY-ST-ZIP **ST LOUIS MO**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VSD** ☐ Delete
NAME **BRICKSON, RICHARD A**
STREET ADDRESS **SIXTH AND OLIVE**
CITY-ST-ZIP **ST LOUIS MO**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **V** ☐ Delete
NAME **SAETTELE, RONALD W**
STREET ADDRESS **SIXTH AND OLIVE**
CITY-ST-ZIP **ST LOUIS MO**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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: **VB**

RONALD W. SAETTELE
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-05-01
Date

344-342-3092
Daytime Phone #

CR2E034 (10/00)

Attachment
239884
743.935

MAY-COHENS, INC.
LIST OF OFFICERS

NAME

TITLE

Jan R. Kniffen

President

Richard A. Brickson

Vice President and Secretary

Martin M. Doerr

Vice President

Ronald W. Saettele

Vice President

John A. Sztukowski

Treasurer

DIRECTORS

Richard A. Brickson

Jan R. Kniffen

ADDRESS OF ALL OFFICERS AND DIRECTOR

Sixth and Olive Streets
St. Louis, MO 63101