

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 90434 015 ***150.00

DOCUMENT # 239884
1. Entity Name MAY-COHENS, INC.

DO NOT WRITE IN THIS SPACE	
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800888886

2. Principal Place of Business SIXTH AND OLIVE STS. Suite, Apt. #, etc.	3. Mailing Address SIXTH AND OLIVE STS. Suite, Apt. #, etc.
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DO NOT WRITE IN THIS SPACE

City & State ST. LOUIS, MO	City & State ST. LOUIS, MO
Zip 63101	Country

4. FEI Number 91-2167663	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

DO NOT WRITE IN THIS SPACE	
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7. Name and Address of Current Registered Agent	
Name CT CORPORATION SYSTEM	
Street Address (P.O. Box Number is Not Acceptable) 1200 S. PINE ISLAND RD	
City PLANTATION	Zip Code FL 33324

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. I am familiar with, and accept the obligations of registered agent.

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

January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P/D KNIFFEN, JAN R. SIXTH AND OLIVE ST. LOUIS, MO 63101	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP DOERR, MARTIN M. SIXTH AND OLIVE ST. LOUIS, MO 63101	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TREASURER SZTUKOWSKI, JOHN A. SIXTH AND OLIVE ST. LOUIS, MO 63101	TITLE NAME STREET ADDRESS CITY - ST - ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V/S/D BRICKSON, RICHARD A. SIXTH AND OLIVE ST. LOUIS, MO 63101	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP HARPOLE, CAROLYN A. SIXTH AND OLIVE ST. LOUIS, MO 63101	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ASSISTANT TREASURER PATRICIA E. VISINTINE SIXTH AND OLIVE ST. LOUIS, MO 63101	TITLE NAME STREET ADDRESS CITY - ST - ZIP	

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: *Carolyn A. Harpole* **CAROLYN A. HARPOLE** **4/8/03** **(314) 342-3092**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/02)

ATTACHMENT
80088686
Doc # 239884

MAY-COHENS, INC.
LIST OF OFFICERS

NAME

TITLE

Jan R. Kniffen

President

Richard A. Brickson

Vice President and Secretary

Martin M. Doerr

Vice President

Carolyn A. Harpole

Vice President

John A. Sztukowski

Treasurer

Patricia E. Visintine

Assistant Treasurer

DIRECTORS

Richard A. Brickson

Jan R. Kniffen

ADDRESS OF ALL OFFICERS AND DIRECTOR

Sixth and Olive Streets
St. Louis, MO 63101