2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 26, 2001 08:00 AM
Secretary of State

DOCUMENT # 295971

1. Entity Name
CLAIRSON INTERNATIONAL CORPORATION

Principal Place of Business	Mailing Address
650 S.W. 27TH AVENUE	P.O. BOX 4400
OCALA FL	OCALA FL
34474 US	344784400 US

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

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1148072 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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 _____ 04/26/2001
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	VP	☐ Delete		TITLE	VP	☒ Change	☐ Addition
NAME	MOON D.C.			NAME	MOON DAVID C		
STREET ADDRESS	8000 W FLORISSANT AVE			STREET ADDRESS	8000 W FLORISSANT AVE		
CITY-ST-ZIP	SAINT LOUIS	MO	631368506	CITY-ST-ZIP	SAINT LOUIS	MO	631368506
TITLE	D	☐ Delete		TITLE	D	☒ Change	☐ Addition
NAME	BAUER C.T.			NAME	BAUER CARL T		
STREET ADDRESS	8000 W. FLORISSANT			STREET ADDRESS	8000 W. FLORISSANT		
CITY-ST-ZIP	ST. LOUIS	MO	631368506	CITY-ST-ZIP	ST. LOUIS	MO	631368506
TITLE	S	☐ Delete		TITLE	D	☒ Change	☐ Addition
NAME	SMITH H.M.			NAME	SMITH HARLEY M		
STREET ADDRESS	8000 W. FLORISSANT			STREET ADDRESS	8000 W. FLORISSANT		
CITY-ST-ZIP	ST. LOUIS	MO	631368506	CITY-ST-ZIP	ST. LOUIS	MO	631368506
TITLE	T	☐ Delete		TITLE	VP	☒ Change	☐ Addition
NAME	DELLAQUILA FRANK			NAME	CHARLES DEBRA		
STREET ADDRESS	8000 W. FLORISSANT			STREET ADDRESS	650 S.W. 27TH AVENUE		
CITY-ST-ZIP	ST. LOUIS	MO	631368506	CITY-ST-ZIP	OCALA	FL	34474
TITLE	P	☐ Delete		TITLE	P	☒ Change	☐ Addition
NAME	CLEMENTS, ROB			NAME	CLEMENTS ROBERT		
STREET ADDRESS	650 S.W. 27TH AVENUE			STREET ADDRESS	650 S.W. 27TH AVENUE		
CITY-ST-ZIP	OCALA	FL	34474	CITY-ST-ZIP	OCALA	FL	34474
TITLE	VP	☐ Delete		TITLE	D	☒ Change	☐ Addition
NAME	LOVELADY ERNIE			NAME	SLY PATRICK J		
STREET ADDRESS	8000 W. FLORISSANT			STREET ADDRESS	8000 W. FLORISSANT		
CITY-ST-ZIP	ST. LOUIS	MO	631368506	CITY-ST-ZIP	ST. LOUIS	MO	631368506

CR2E034 (11/00)

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: CRAIG MOELLER VP 04/26/2001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

WALTER WATTS-VP
650 S.W. 27TH AVE.

OCALA, FL 34474

PHIL SHIGLEY-VP
650 S.W. 27TH AVE.

OCALA, FL 34474

KEN RUSSELL-VP
650 S.W. 27TH AVE.

OCALA, FL 34474

DAVID J. RABE-T
8000 W FLORISSANT AVE.

ST. LOUIS, MO 63136-8506

CRAIG MOELLER-VP
650 S.W. 27TH AVE.

OCALA, FL 34474