


FILED
Feb 09, 2005 8:00 am
Secretary of State

<h1 style="margin:0;">DOCUMENT # 806065</h1>					
1. Entity Name LEONARD CONSTRUCTION COMPANY					
Principal Place of Business 800 NORTH LINDBERGH BLVD. ST LOUIS, MO 63167			Mailing Address 800 NORTH LINDBERGH BLVD. ST LOUIS, MO 63167		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
6. Name and Address of Current Registered Agent					
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525					Name
					Street Address
					City
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5 Ad		
10. OFFICERS AND DIRECTORS					
TITLE		TAS		<input type="checkbox"/> Delete	
NAME		DESAI, PANKAJ J			
STREET ADDRESS		14522 S. OUTER FORTY DR			
CITY-ST-ZIP		ST. LOUIS, MO 63017			
TITLE		DP		<input type="checkbox"/> Delete	
NAME		RHOADES, JANETTE M			
STREET ADDRESS		14522 S. OUTER FORTY DR			
CITY-ST-ZIP		ST. LOUIS, MO 63017			
TITLE		D		<input checked="" type="checkbox"/> Delete	
NAME		SHODGRASS, ROBERT J			
STREET ADDRESS		14522 S. OUTER FORTY DR			
CITY-ST-ZIP		ST. LOUIS, MO 63017			
TITLE		S		<input type="checkbox"/> Delete	
NAME		MERZ, JOHN S			
STREET ADDRESS		14522 S. OUTER FORTY DR			
CITY-ST-ZIP		ST. LOUIS, MO 63017			
TITLE		AT		<input type="checkbox"/> Delete	
NAME		BRADY, ROBERT L			
STREET ADDRESS		800 N. LINDBERGH BLVD.			
CITY-ST-ZIP		SAINT LOUIS, MO 63167			
TITLE				<input type="checkbox"/> Delete	
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
11.					
TITLE					
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE					
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
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 S indicated on this report or supplemental report is true and accurate and that my signature shall have the of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 60 changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>Robert J Brady</u> Robert J					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					



1
 2
 3
 4
 5
 6
 7
 8
 9
 10
 11
 12
 13
 14
 15
 16
 17
 18
 19
 20
 21
 22
 23
 24
 25
 26
 27
 28
 29
 30
 31
 32
 33
 34
 35
 36
 37
 38
 39
 40
 41
 42
 43
 44
 45
 46
 47
 48
 49
 50
 51
 52
 53
 54
 55
 56
 57
 58
 59
 60
 61
 62
 63
 64
 65
 66
 67
 68
 69
 70
 71
 72
 73
 74
 75
 76
 77
 78
 79
 80
 81
 82
 83
 84
 85
 86
 87
 88
 89
 90
 91
 92
 93
 94
 95
 96
 97
 98
 99
 100
 101
 102
 103
 104
 105
 106
 107
 108
 109
 110
 111
 112
 113
 114
 115
 116
 117
 118
 119
 120
 121
 122
 123
 124
 125
 126
 127
 128
 129
 130
 131
 132
 133
 134
 135
 136
 137
 138
 139
 140
 141
 142
 143
 144
 145
 146
 147
 148
 149
 150
 151
 152
 153
 154
 155
 156
 157
 158
 159
 160
 161
 162
 163
 164
 165
 166
 167
 168
 169
 170
 171
 172
 173
 174
 175
 176
 177
 178
 179
 180
 181
 182
 183
 184
 185
 186
 187
 188
 189
 190
 191
 192
 193
 194
 195
 196
 197
 198
 199
 200
 201
 202
 203
 204
 205
 206
 207
 208
 209
 210
 211
 212
 213
 214
 215
 216
 217
 218
 219
 220
 221
 222
 223
 224
 225
 226
 227
 228
 229
 230
 231
 232
 233
 234
 235
 236
 237
 238
 239
 240
 241
 242
 243
 244
 245
 246
 247
 248
 249
 250
 251
 252
 253
 254
 255
 256
 257
 258
 259
 260
 261
 262
 263
 264
 265
 266
 267
 268
 269
 270
 271
 272
 273
 274
 275
 276
 277
 278
 279
 280
 281
 282
 283
 284
 285
 286
 287
 288
 289
 290
 291
 292
 293
 294
 295
 296
 297
 298
 299
 300
 301
 302
 303
 304
 305
 306
 307
 308
 309
 310
 311
 312
 313
 314
 315
 316
 317
 318
 319
 320
 321
 322
 323
 324
 325
 326
 327
 328
 329
 330
 331
 332
 333
 334
 335
 336
 337
 338
 339
 340
 341
 342
 343
 344
 345
 346
 347
 348
 349
 350
 351
 352
 353
 354
 355
 356
 357
 358
 359
 360
 361
 362
 363
 364
 365
 366
 367
 368
 369
 370
 371
 372
 373
 374
 375
 376
 377
 378
 379
 380
 381
 382
 383
 384
 385
 386
 387
 388
 389
 390
 391
 392
 393
 394
 395
 396
 397
 398
 399
 400
 401
 402
 403
 404
 405
 406
 407
 408
 409
 410
 411
 412
 413
 414
 415
 416
 417
 418
 419
 420
 421
 422
 423
 424
 425
 426
 427
 428
 429
 430
 431
 432
 433
 434
 435
 436
 437
 438
 439
 440
 441
 442
 443
 444
 445
 446
 447
 448
 449
 450
 451
 452
 453
 454
 455
 456
 457
 458
 459
 460
 461
 462
 463
 464
 465
 466
 467
 468
 469
 470
 471
 472
 473
 474
 475
 476
 477
 478
 479
 480
 481
 482
 483
 484
 485
 486
 487
 488
 489
 490
 491
 492
 493
 494
 495
 496
 497
 498
 499
 500
 501
 502
 503
 504
 505
 506
 507
 508
 509
 510
 511
 512
 513
 514
 515
 516
 517
 518
 519
 520
 521
 522
 523
 524
 525

01282005 Chg-P CR2E034 (10/03)

4. FEI Number	Applied For
36-1379000	Not Applicable

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

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

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. 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 _____

FILE NOW!!! FEE IS \$150.00

After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing

- Trust Fund Contribution.

\$5.00 May Be

Added to Fees .

10. OFFICERS AND DIRECTORS


ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	TAS	<input type="checkbox"/> Delete
NAME	DESAI, PANKAJ J	
STREET ADDRESS	14522 S. OUTER FORTY DR	
CITY-ST- ZIP	ST. LOUIS, MO 63017	

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

TITLE	DP	<input type="checkbox"/> Delete
NAME	RHOADES, JANETTE M	
STREET ADDRESS	14522 S. OUTER FORTY DR	
CITY-ST-ZIP	ST. LOUIS, MO 63017	

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

TITLE	D	 Delete
NAME	SHODGRASS, ROBERT J	
STREET ADDRESS	14522 S. OUTER FORTY DR	
CITY - ST - ZIP	ST. LOUIS, MO 63017	

TITLE	D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	MICHAEL G. TOURVILLE		
STREET ADDRESS	14522 S. OUTER FORTY DR		
CITY-ST-ZIP	ST. LOUIS, MO 63017		

TITLE	S	<input type="checkbox"/> Delete
NAME	MERZ, JOHN S	
STREET ADDRESS	14522 S. OUTER FORTY DR	
CITY-ST-ZIP	ST. LOUIS, MO 63017	

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

TITLE	AT	<input type="checkbox"/> Delete
NAME	BRADY, ROBERT L.	
STREET ADDRESS	800 N. LINDBERGH BLVD.	
CITY-ST- ZIP	SAINT LOUIS, MO. 63167.	

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

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

TITLE	270 270 270	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Robert Z. Kraft
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robert BRADY

Date _____

Daytime Phone # _____