

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 23, 2001 8:00 am
Secretary of State

08-23-2001 90001 045 ***550.00

0135144 AT

DOCUMENT # 824470

1. Entity Name

DEUTSCHE FINANCIAL SERVICES CORPORATION

Principal Place of Business

**655 MARYVILLE CENTRE DR
 ST. LOUIS MO 63141
 US**

Mailing Address

**655 MARYVILLE CENTRE DR
 ST. LOUIS MO 63141
 US**

00070400



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

41-0954316

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**

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

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 \$550.00
 After September 12, 2001 Fee will be \$750.00
 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

TITLE **SVPS** ☐ Delete
 NAME **GOLDMAN, RICHARD C.**
 STREET ADDRESS **14711 KULKARNI COURT**
 CITY-ST-ZIP **CHESTERFIELD MO 63017**

TITLE **PD** ☐ Delete
 NAME **MARTIN, ROBERT M**
 STREET ADDRESS **415 CONWAY PINE COURT**
 CITY-ST-ZIP **ST. LOUIS MO 63141**

TITLE **AVP** ☐ Delete
 NAME **GILLMANN, KURT**
 STREET ADDRESS **4 GRELLNOR PL**
 CITY-ST-ZIP **MANCHESTER MO 63011**

TITLE **SVPT** ☒ Delete
 NAME **SCHUMACHER, RICHARD H.**
 STREET ADDRESS **2 HICKORY HILL COURT**
 CITY-ST-ZIP **FORISTELL MO 63348**

TITLE **EVP** ☒ Delete
 NAME **BALDASARE, THOMAS W**
 STREET ADDRESS **1143 BROOKHAVEN CT.**
 CITY-ST-ZIP **ATLANTA GA 30319**

TITLE **EVP** ☐ Delete
 NAME **GRATHWOHL, THOMAS J.**
 STREET ADDRESS **410 MOUNT PARAN RD.**
 CITY-ST-ZIP **ATLANTA GA 30327**

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

TITLE ☐ Change ☒ Addition
 NAME **SRP/AT**
 STREET ADDRESS **W. Steven Culp**
 CITY-ST-ZIP **715 Forsheer Court
 Chesterfield, MO 63017**

TITLE ☐ Change ☐ Addition
 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:

SIGNATURE REQUIRED **Richard C. Goldman**

314-523-3100

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/01)