FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 26, 2004 8:00 am
Secretary of State
04-26-2004 91004 048 ***150.00

DOCUMENT # 829199

1. Entity Name

HBE CORPORATION

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address	
11330 OLIVE ST	11330 OLIVE ST	DO NOT WRITE IN THIS SPACE
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State: ST LOUIS MO	City & State: ST LOUIS MO	4. FEI Number: 43-0995576 ☐ Applied For ☐ Not Applicable
Zip: 63141 Country: USA	Zip: 63141 Country: USA	5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current 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. I am familiar with, and accept the obligations of registered agent.

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

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. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DVS
NAME	KUMMER JUNE M
STREET ADDRESS	11 SQUIRES LN
CITY-ST-ZIP	HUNTLEIGH VILLAGE MO 63131
TITLE	DPT
NAME	KUMMER FRED S
STREET ADDRESS	11 SQUIRES LN
CITY-ST-ZIP	HUNTLEIGH VILLAGE MO 63131
TITLE	EV
NAME	GREG BECK
STREET ADDRESS	11330 OLIVE
CITY-ST-ZIP	ST LOUIS MO 63141
TITLE	
NAME	
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CITY-ST-ZIP	

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CR2E034B (12/02)

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: _____ GREGORY A. BECK, EVP/CFO 4/21/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #