2005 **FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 25, 2005 8:00 am
Secretary of State
03-25-2005 90030 024 ***150.00

DOCUMENT # 829199

1. Entity Name
HBE CORPORATION

DO NOT WRITE IN THIS SPACE

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2. Principal Place of Business	3. Mailing Address
11330 OLIVE ST. RD	11330 OLIVE ST. RD
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: ST LOUIS MO	City & State: ST LOUIS MO
Zip: 63141 Country: USA	Zip: 63141 Country: USA

4. FEI Number 43-0995576 ☐ Applied For ☐ Not Applicable

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

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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: 11330 OLIVE ST. RD CITY-ST-ZIP: ST LOUIS MO 63141	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:
TITLE: DPT NAME: KUMMER FRED S STREET ADDRESS: 11330 OLIVE ST RD CITY-ST-ZIP: ST LOUIS MO 63141	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:
TITLE: EV NAME: BECK GREG STREET ADDRESS: 11330 OLIVE ST RD CITY-ST-ZIP: ST LOUIS MO 63141	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:
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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: _____ GREG BECK EXEC VP/CFO 3/18/05 314-567-9000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #