

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 832022
 1. Entity Name
HOSPITAL DESIGNERS, INC.

832022
 FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATION
 01 OCT 22 PM 4:01

Principal Place of Business Mailing Address
 11330 OLIVE ST 11330 OLIVE ST
 ST LOUIS MO 63141 ST LOUIS MO 63141
 US US

CUU74484



DO NOT WRITE IN THIS SPACE

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

4. FEI Number **43-0923342** 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD F.S. SCOTT 15907 WOODLET WAY CT CHESTERFIELD MO 63017	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD HOLLANDER, R. L. 183 EMERALD GREEN COURT ST LOUIS MO 63141	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BICE, T N 525 S ROCK HILL ST LOUIS MO 63119	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
200004672162--		
-11/08/01--01011--024		
***550.00 ***550.00		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Fred S. Scott* **FRED S. SCOTT** 7/21/01 314-567-9000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0600268

CR2004 (10/00)

HBE Corporation

11330 Olive Boulevard, St. Louis, MO 63141
(314) 567-9000 Fax: (314) 567-0602 www.hbecorp.com



October 18, 2001

Florida Department of State
Division of Corporations
Annual Reports
P.O. Box 6327
Tallahassee, FL 32314-6327

Re: Hospital Designers, Inc.
832022

Dear Sir / Madam:

We filed our Annual Report in July of 2001 with a \$550 check made payable to the "Florida Department of Revenue". The return is on file with the State, however the State's records indicate that the check was sent back to us with a request for a new check made payable to "Florida Secretary of State". We did not receive the check from the State and therefore had no knowledge that our charter was in danger of forfeiture.

When we received the notice of administrative dissolution, we called the State and then found out about the check error. The person we talked to on the phone requested that we send a new \$550 check and this letter of explanation.

I trust this will satisfy our reporting requirements for the year. Please contact me if there are any problems with processing our annual report.

Sincerely,

Robert D. Neu
Director - Corporate Tax