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PROFIT CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 835699

1. Corporation Name

EXECUTIVE REALTY COMPANY OF MISSOURI

Principal Place of Business

700 CORPORATE PARK DRIVE  
ST LOUIS MO 36105

Mailing Address

ATTN: DIANNE HUBER  
35 HUNTER AVE  
ST LOUIS MO 63124

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/31/1975

2. Principal Place of Business

21 600 Corporate Park Dr.

2a. Mailing Address

26 Suite, Apt. #, etc.

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

23 City & State

St. Louis MO

28 City & State

29 Zip Country

24 Zip

63105

25 Country

29 Zip

63124

30 Country

4. FEI Number

43-0905323

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing

\$5.00 May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax.

Yes

No

9. Name and Address of Current Registered Agent

SLAVIK, DENNIS W  
3909 W. HILLSBOROUGH  
TAMPA FL 33614

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP  DELETE

PD  
TAYLOR, JACK C.  
201 SOUTH MCKNIGHT  
ST. LOUIS MO

TITLE NAME STREET ADDRESS CITY-ST-ZIP  DELETE

S  
O'CONNELL, JOHN T  
524 FOX RIDGE ROAD  
ST. LOUIS MO 63131

TITLE NAME STREET ADDRESS CITY-ST-ZIP  DELETE

VTD  
TAYLOR, ANDREW C.  
1147 LOG CABIN LANE  
ST. LOUIS MO

TITLE NAME STREET ADDRESS CITY-ST-ZIP  DELETE

D  
DONALD L ROSS  
49 MUIRFIELD  
ST LOUIS MO 63141

TITLE NAME STREET ADDRESS CITY-ST-ZIP  DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP  DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  Change  Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE  Change  Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE  Change  Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE  Change  Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE  Change  Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE  Change  Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*[Signature]* Secretary

2/3/99

314-512-2503

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)