



2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2005 8:00 am
Secretary of State

04-25-2005 90316 049 ***150.00

DOCUMENT # 835699			
1. Entity Name EXECUTIVE REALTY COMPANY OF MISSOURI			
Principal Place of Business 600 CORPORATE PARK DRIVE SAINT LOUIS, MO 63105		Mailing Address ATTN: NATHAN SCHULTE 35 HUNTER AVE ST LOUIS, MO 63124	
2. Principal Place of Business		3. Mailing Address ATTN: MARK LITOW 600 CORPORATE PARK DRIVE	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State ST. LOUIS, MO	
Zip	Country	Zip	Country
		63105	U.S.A.
4. FEI Number 43-0905323		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND RD. 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PD <input type="checkbox"/> Delete	TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TAYLOR, JACK C.	NAME	TAYLOR, JACK C.
STREET ADDRESS	201 SOUTH MCKNIGHT	STREET ADDRESS	35 HUNTER AVENUE
CITY-ST-ZIP	ST. LOUIS, MO	CITY-ST-ZIP	ST. LOUIS, MO 63124
TITLE	S <input type="checkbox"/> Delete	TITLE	S/NPT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	O'CONNELL, JOHN T	NAME	O'CONNELL, JOHN T.
STREET ADDRESS	524 FOX RIDGE ROAD	STREET ADDRESS	1260 ANDES BLVD.
CITY-ST-ZIP	ST. LOUIS, MO 63131	CITY-ST-ZIP	ST. LOUIS, MO 63132
TITLE	VTD <input type="checkbox"/> Delete	TITLE	DE/N <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TAYLOR, ANDREW C.	NAME	TAYLOR, ANDREW C.
STREET ADDRESS	1147 LOG CABIN LANE	STREET ADDRESS	600 CORPORATE PARK DR.
CITY-ST-ZIP	ST. LOUIS, MO	CITY-ST-ZIP	ST. LOUIS, MO 63105
TITLE	D <input type="checkbox"/> Delete	TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DONALD L ROSS	NAME	ROSS, DONALD L
STREET ADDRESS	49 MUIRFIELD	STREET ADDRESS	600 CORPORATE PARK DR.
CITY-ST-ZIP	ST LOUIS, MO 63141	CITY-ST-ZIP	ST. LOUIS, MO 63105
TITLE	<input type="checkbox"/> Delete	TITLE	S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	LITOW MARK I.
STREET ADDRESS		STREET ADDRESS	600 CORPORATE PARK DR.
CITY-ST-ZIP		CITY-ST-ZIP	ST. LOUIS, MO 63105
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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 Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: 		Date: MARK I. LITOW/Secy. 4/20/05	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #: 314-512-5000	

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