

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 22, 2007 8:00 am**  
**Secretary of State**

03-22-2007 90003 004 \*\*\*150.00

**DOCUMENT # 844709**

1. Entity Name  
**PARSONS HARLAND BARTHOLOMEW & ASSOCIATES  
INC.**



Principal Place of Business

**400 WOODS MILL RD S  
STE 300  
CHESTERFIELD, MO 63017 US**

Mailing Address

**9906 GULF FREEWAY  
ATTN: MELINDA YARBROUGH  
HOUSTON, TX 77034 US**

**40039523**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. # etc.

City & State

City & State

Zip

Country

Zip

Country

03092007

Chg-P

CR2E034 (12/06)

4. FEI Number

**62-1068179**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION, FL 33324**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	VP	<input type="checkbox"/> Delete
NAME	JONES, ROBERT W	
STREET ADDRESS	100 W WALNUT ST	
CITY-ST-ZIP	PASADENA, CA 91124	
TITLE	PD	<input type="checkbox"/> Delete
NAME	SCOTT, JOHN A	
STREET ADDRESS	100 W. WALNUT ST	
CITY-ST-ZIP	PASADENA, CA 91124	
TITLE	V	<input type="checkbox"/> Delete
NAME	BAX, ROBERT B	
STREET ADDRESS	100 W WALNUT ST	
CITY-ST-ZIP	PASADENA, CA 91124	
TITLE	AS	<input type="checkbox"/> Delete
NAME	JOHANSON, THOMAS L	
STREET ADDRESS	100 W WALNUT ST	
CITY-ST-ZIP	PASADENA, CA 91124	
TITLE	EVP	<input type="checkbox"/> Delete
NAME	BOWER, CURTIS A	
STREET ADDRESS	100 WEST WALNUT STREET	
CITY-ST-ZIP	PASADENA, CA 91124	
TITLE	S	<input type="checkbox"/> Delete
NAME	COLE, SUSAN	
STREET ADDRESS	100 W. WALNUT STREET	
CITY-ST-ZIP	PASADENA, CA 91124	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Thomas Johanson*

*Thomas Johanson - Asst. Secretary*

*626-440-2493*