

2003 FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90120 036 ***158.75

0651925 AT

DOCUMENT # F00000000540

1. Entity Name

HELLMUTH, OBATA & KASSABAUM, INC.



Principal Place of Business

211 NORTH BROADWAY, SUITE 600
ST. LOUIS MO 63102

Mailing Address

211 NORTH BROADWAY, SUITE 600
ST. LOUIS MO 63102

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

43-1723985

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH 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, 2003 Fee will be \$550.00

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete
NAME VALENTINE, WILLIAM E
STREET ADDRESS 17 CAMELIA RD
CITY-ST-ZIP MILL VALLEY CA 94941

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE V ☐ Delete
NAME ADKINS, JAMES B
STREET ADDRESS 11 GOSHEN WOODS EAST
CITY-ST-ZIP EDWARDSVILLE IL 62025

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE V ☐ Delete
NAME MCDONALD, DARRYL K
STREET ADDRESS 159 PRAIRIE D WAY
CITY-ST-ZIP ORLANDO FL 32828

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VD ☐ Delete
NAME DAVIS, CLARK
STREET ADDRESS 26 FLOWER HILL COURT
CITY-ST-ZIP ST. LOUIS MO 63122-1913

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE V ☐ Delete
NAME DESPATIS, GUY
STREET ADDRESS 2452 LAVENDER DRIVE
CITY-ST-ZIP WALNUT CREEK CA 94596

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE V ☐ Delete
NAME RUSSELL, ROBERT
STREET ADDRESS 18425 WOODLAWN MEADOWS DR
CITY-ST-ZIP WILDWOOD MO 63038

TITLE ☒ Change ☐ Addition
NAME Robertson, Russell J.
STREET ADDRESS
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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/03

Date

(314) 421 2000

Daytime Phone #

CR2E034 (10/02)