## **2002 UNIFORM BUSINESS REPORT (UBR)**

## DOCUMENT # F0000003494 1. Entity Name C RALLO CONTRACTING CO INC.

Principal Place of Business

5000 KEMPER AVENUE
ST LOUIS MO 63139

2. Principal Place of Business

Suite, Apt. #, etc.

Mailing Address

5000 KEMPER AVENUE
ST LOUIS MO 63139

3. Mailing Address

Suite, Apt. #, etc.

## FILED Sep 16, 2002 8:00 am Secretary of State

09-16-2002 90095 044 \*\*\*550.00

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Suite, Apt	t. #, etc.	Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE						
City & Sta	te	City & State		4. FEI Number 43-0624352 Applied For Not Applicable						
Zip	Country	Zip	Country	5. Certificate of Status Desired S8.75 Additional Fee Required						
	6. Name and Address of Current Re	gistered Agent		7. Name and Address of New Registered Agent						
C-T-COR	PORATION SYSTEM		Name	Name						
1200 SO	UTH PINE ISLAND ROAD		Street A	Street Address (P.O. Box Number is Not Acceptable)						
Plantat	10N FL 33324									
			City	City FL Zip Code						
8. The above the obliga	e named entity submits this statement for the tions of registered agent.	ne purpose of changing its re	gistered office or	or registered agent, or both, in the State of Florida. I am familiar with, and accept						
SIGNATURE	Signature, typed or printed name of registered agent and	ed a de la company								
	Signature, typed or printed name or registered agent and	tute if applicable. (NOTE: H	legistered Agent signatu	ature required when reinstating) DATE						
9. This corporation is eligible to satisfy its Intangible  Tax filing requirement and elects to do so.  (See criteria on back)  FILE NOW!!!  After September 13, 2  Make Check Payable				be \$750.00   10. Election Campaign Financing   \$5.00 May Be						
11. OFFICERS AND DIRECTORS 12.				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11						
TITLE NAME STREET ADDRESS	PCD RALLO JR, CHARLES 5000 KEMPER AVENUE	🔀 Delete	TITLE NAME STREET ADDRESS	D ☐ Change ☐ Addition RALLO JR, CHARLES 5000 KEMPER AVENUE						
CITY OF 700   ST LOUIS MO				TOOO KERFEK AVENUE						

CITY-ST-ZIF SI LUUIS MU CITY-ST-ZIP ST LOUIS MO 63139 VST TITLE Delete TITLE ☐ Addition Change TS RALLO, PETER NAME NAME RALLO, PETER **5000 KEMPER AVENUE** STREET ADDRESS STREET ADDRESS 5000 KEMPER AVENUE ST LOUIS MO CITY-ST-ZIP CITY-ST-ZIP ST\_LOUIS MO 63139 TITLE ☐ Defete TITLE P Change Addition NAME NAME -RALLO, CHARLES A. --STREET ADDRESS STREET ADDRESS 5000 KEMPER AVENUE CITY-ST-ZIP CITY-ST-ZIP ST LOUIS MO 63139 TITLE ☐ Delete TITLE ☐ Change X Addition NAME NAME MOYER, KEITH STREET ADDRESS STREET ADDRESS 5000 KEMPER AVENUE CITY-ST-ZIE CITY-ST-ZIP ST LOUIS MO 63139 TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

13. I hereby certify that the information supplied with this filling 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 11 or Block 12 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

- -

Daytime Phone #

200	2 UNI	FORM BUS	INESS REPO	DRT	(UBF	<b>?</b> )	. 1 11				
DOCUMENT # F0000003494							Melachmants				
1. Entity Name C RALLO CONTRACTING CO INC.							I Por				
Principal Place of Business 5000 KEMPER AVENUE ST LOUIS MO 63139			Mailing Address 5000 KEMPER AVENUE ST LOUIS MO 63139								
							100	*			
2. Principal Place of Business			3. Mailing Address								
Suite, Apt. #, etc.			Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE					
City & Sta	te	•	City & State				4. FEI Number 43-0624352		Applied For Not Applicable		
Zip		Zip	Country			5. Certificate of Status Desired	□ \$8.75 Fee Reg	Additional			
	6. Name	and Address of Current	Registered Agent				7. Name and Address of New Reg	<u>'</u>	uneu		
C T COD	DODATION	CVOTELL			Name						
C T CORPORATION SYSTEM— 1200 SOUTH PINE ISLAND ROAD					Street Ac	Street Address (P.O. Box Number is Not Acceptable)					
PLANTAT	ION FL 333	24									
£					City			FL Zip (	Dode		
8. The above	named entity	submits this statement for ered agent.	r the purpose of changing its	registere	ed office or	registere	ed agent, or both, in the State of Florid		ith, and accept		
SIGNATURE											
	Signature, typed	or printed name of registered agent (	and the flapplicable: (NOT	E: Registered	d Agent signatur	e required	when reinstating)	DATE			
Tax filing	oration is eligi requirement a ria on back)	ble to satisfy its Intangible and elects to do so.	FILE NOW After September 13 Make Check Payal	3, 2002 I	ee will be	\$750.0	10. Election Campaign Finance	ν _ Ψ	5.00 May Be ided to Fees		
11.		OFFICERS AND	DIRECTORS	12.	1.52.75 E.S.	er Caran	ADDITIONS/CHANGES TO OFFICE	RS AND DIRECT	OBS IN 11		
TITLE	PCD TY Delete		TITLE	D			X Chan	_			
NAME STREET ADDRESS CITY-ST-ZIP		Per avenue		NAME STREE CITY-		RALLO JR, CHARLES 5000 KEMPER AVENUE ST LOUIS MO 63139					
TITLE NAME	VST RALLO, PETER		🔀 Delete	- <del></del>		TS		X Chang	ge 🔲 Addition		
STREET ADDRESS	5000 KEM	Per avenue	NAME STREI		T ADDRESS	RALLO, PETER 5000 KEMPER AVENUE					
CITY-ST-ZIP	ST LOUIS MO			CITY-		ST LOUIS MO 63139					
TITLE	☐ Delete		TITLE		P		<b>∑</b> Chang	ge 🔲 Addition			
STREET ADDRESS			NAME STREE	KA.		LLO, CHARLES A.					
CITY-ST-ZIP			4	CITY ET 710   3UI		OO KEMPER AVENUE LOUIS MO 63139	•				
TITLE NAME			Delete	TITLE		V		Chang	e 🛣 Addition		
STREET ADDRESS			NAME	MUI.		YER, KEITH					
CITY-ST-ZIP					ST-ZIP		OO KEMPER AVENUE LOUIS MO 63139				
TITLE			☐ Delete	TITLE			LOUIS NO 03139	☐ Chang	a Addition		
NAME STREET ADDRESS				NAME	T ADORESS						
,CITY-\$T-ZIP		•			ST-ZIP						
TITLE			☐ Delete	TITLE	1			☐ Chang	e 🔲 Addition		
NAME STREET ADDRESS	s			NAME	T ADDOSCO			_			
CITY-ST-ZIP	ZIP			STREE CITY-	T ADDRESS ST-ZIP						
of the corr	orration or the	receiver or trustee empor	this filing does not qualify for true and accurate and that m wered to execute this report ith all other like empowered.	the exem ny signatu as require	ption stated ire shall haved by Chapt	d in Sec e the sa er 607,	tion 119.07(3)(i), Florida Statutes. I furt ame legal effect as if made under oath Florida Statutes; and that my name ap	ther certify that the that I am an office opears in Block 11	e information cer or director or Block 12 if		

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR