


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2006 08:00 AM
Secretary of State

DOCUMENT # F00000004685	
1. Entity Name ARCO NATIONAL CONSTRUCTION COMPANY, INC.	

Principal Place of Business 1750 SOUTH BRENTWOOD BLVD. ST. LOUIS, MO 63144	Mailing Address 1750 SOUTH BRENTWOOD BLVD. ST. LOUIS, MO 63144
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01042006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 43-1886711	Applied For <input type="checkbox"/> 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 ROAD PLANTATION, FL 33324
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**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

000000396159
01/27/06-80020-016 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	AS ARNOLDY, RICHARD R 1750 SOUTH BRENTWOOD BLVD., SUITE 701 ST. LOUIS, MO 63144
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S COOK, JEFFREY L 1750 SOUTH BRENTWOOD BLVD., SUITE 701 ST. LOUIS, MO 63144
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VTD HOLSTE, STEPHEN F 1750 SOUTH BRENTWOOD BLVD., SUITE 701 ST. LOUIS, MO 63144
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P BRIDELL, CRAIG A 1750 SOUTH BRENTWOOD BLVD., SUITE 701 ST. LOUIS, MO 63144
TITLE NAME STREET ADDRESS CITY - ST - ZIP	AS LEWIN, THOMAS G 101 SOUTH HANLEY, SUITE 1600 ST. LOUIS, MO 63105
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: STEPHEN F. HOLSTE
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/4/06 314-963-0715
Date Daytime Phone #