2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 19, 2001 8:00 am
Secretary of State
09-19-2001 90161 041 ***550.00

0135140 AT

DOCUMENT # F00000004903

1. Entity Name
THE TRANSCONTINENTAL ADJUSTMENT CORPORATION

Principal Place of Business	Mailing Address
3245 HAMPTON AVENUE. STE 200 ST LOUIS MO 63139	3245 HAMPTON AVENUE. STE 200 ST LOUIS MO 63139

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
3245 HAMPTON AVE	P.O. BOX 20648
Suite, Apt. #, etc. S 200	Suite, Apt. #, etc.
City & State ST. LOUIS MO	City & State ST. LOUIS MO
Zip / Country 63139 / USA	Zip / Country 63139 / USA

4. FEI Number 43-1701080 ☐ 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
LAPPIN, JAMES R (DECEASED) 4908 38TH WAY SOUTH BLDG G UNIT 406 ST PETERSPURG FL 33711	Name: FRANK B LAPPIN Street Address (P.O. Box Number is Not Acceptable): 45 NIEBA CT. City: FORT MYERS, FL Zip Code: 33912

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.

SIGNATURE: FRANK B. LAPPIN FRANK B LAPPIN
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature 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!!! FEE IS $550.00
After September 12, 2001 Fee will be $750.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD LAPPIN, NANCY M 3245 HAMPTON AVE., STE 200 ST LOUIS MO	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD LAPPIN, SUZANNE M 3245 HAMPTON AVE., STE 200 ST LOUIS MO	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CSTD LAPPIN, DAVID L 3245 HAMPTON AVE., STE 200 ST LOUIS MO	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LAPPIN, GREGORY L 3245 HAMPTON AVE., STE 200 ST LOUIS MO	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (5/01)

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED 9/6/01 314 647 1555
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #