# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**
**Apr 17, 2002 8:00 AM**
**Secretary of State**

DOCUMENT# F00000006484

**Entity Name:** MISSOURI MORTGAGE SAVINGS, INC.

**Current Principal Place of Business:**

15400 SOUTH OUTER FORTY RD, STE 203
CHESTERFIELD, MO 63017

**New Principal Place of Business:**

**Current Mailing Address:**

15400 SOUTH OUTER FORTY RD, STE 203
CHESTERFIELD, MO 63017

**New Mailing Address:**

201 FICK FARM ROAD
CHESTERFIELD, MO 63005

**FEI Number: 43-1713825** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

GRASSO, CARINA
415 SYCAMORE STREET
CELEBRATION, FL 34747 US

**Name and Address of New Registered Agent:**

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: _____

Electronic Signature of Registered Agent Date

**This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).**
**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: PCTD ( ) Delete
Name: GRASSO, JAMES M
Address: 15400 S. OUTER FORTY RD, SUITE 203
City-St-Zip: CHESTERFIELD, MO

Title: VSD ( ) Delete
Name: GRASSO, KIMBERLY A
Address: 15400 S. OUTER FORTY RD, STE 203
City-St-Zip: CHESTERFIELD, MO

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PCTD (X) Change ( ) Addition
Name: GRASSO, JAMES M
Address: 201 FICK FARM ROAD
City-St-Zip: CHESTERFIELD, MO 63005

Title: VSD (X) Change ( ) Addition
Name: GRASSO, KIMBERLY A
Address: 201 FICK FARM ROAD
City-St-Zip: CHESTERFIELD, MO 63005

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KIMBERLY A. GRASSO VSD 04/17/2002

Electronic Signature of Signing Officer or Director Date