
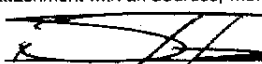


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 02, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # F01000001657</b> 1. Entity Name <b>ARCO/MURRAY CORPORATE SERVICES, INC.</b>					
Principal Place of Business <b>1750 SOUTH BRENTWOOD BLVD., SUITE 701 ST. LOUIS MO 63144</b>			Mailing Address <b>1750 SOUTH BRENTWOOD BLVD., SUITE 701 ST. LOUIS MO 63144</b>		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number <b>43-1910319</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent  <b>C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD COOK, JEFFREY L 1750 SOUTH BRENTWOOD BLVD., SUITE 701 ST. LOUIS MO 63144		TITLE NAME STREET ADDRESS CITY-ST-ZIP	U000000027397 02/03/04-80045-003 150.00	
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	Change Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHULTZE, RICHARD G 1750 SOUTH BRENTWOOD BLVD., SUITE 701 ST. LOUIS MO 63144		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALBERS, GREGORY M 1750 SOUTH BRENTWOOD BLVD., SUITE 701 ST. LOUIS MO 63144		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRIDELL, CRAIG A 1750 SOUTH BRENTWOOD BLVD., SUITE 701 ST. LOUIS MO 63144		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	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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.					
<b>SIGNATURE:</b> 					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date <b>1/23/04</b> Daytime Phone # <b>314-963-0705</b>					