

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**

**Apr 11, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # F01000001657**

1. Entity Name

ARCO/MURRAY CORPORATE SERVICES, INC.



Principal Place of Business

1750 SOUTH BRENTWOOD BLVD., SUITE 701  
ST. LOUIS MO 63144

Mailing Address

1750 SOUTH BRENTWOOD BLVD., SUITE 701  
ST. LOUIS MO 63144

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/04)

4. FEI Number

43-1910319

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

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

Name

Street Address (P O Box Number is Not Acceptable)

City

**FL**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2005 Fee Will Be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PSD	<input type="checkbox"/> Delete
NAME	COOK, JEFFREY L	
STREET ADDRESS	1750 SOUTH BRENTWOOD BLVD., SUITE 701	
CITY- ST- ZIP	ST. LOUIS MO 63144	
TITLE	VTD	<input type="checkbox"/> Delete
NAME	HOLSTE, STEPHEN F	
STREET ADDRESS	1750 SOUTH BRENTWOOD BLVD., SUITE 701	
CITY- ST- ZIP	ST. LOUIS MO 63144	
TITLE	D	<input type="checkbox"/> Delete
NAME	SCHULTZE, RICHARD G	
STREET ADDRESS	1750 SOUTH BRENTWOOD BLVD., SUITE 701	
CITY- ST- ZIP	ST. LOUIS MO 63144	
TITLE	D	<input type="checkbox"/> Delete
NAME	ALBERS, GREGORY M	
STREET ADDRESS	1750 SOUTH BRENTWOOD BLVD., SUITE 701	
CITY- ST- ZIP	ST. LOUIS MO 63144	
TITLE	D	<input type="checkbox"/> Delete
NAME	BRIDELL, CRAIG A	
STREET ADDRESS	1750 SOUTH BRENTWOOD BLVD., SUITE 701	
CITY- ST- ZIP	ST. LOUIS MO 63144	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	000000297274	
STREET ADDRESS	04/11/05-80021-013 150.00	
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

X 4/6/05

X 319-963-0711