


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 17, 2006 8:00 am**  
**Secretary of State**

01-17-2006 90239 015 \*\*\*150.00

<b>DOCUMENT # F01000001657</b>		
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
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc		Suite, Apt. #, etc	
City & State		City & State	
Zip	Country	Zip	Country

01042006 Chg-P CR2E034 (11/05)

4. FEI Number 43-1910319	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE <del>PSD</del>	<input type="checkbox"/> Delete	TITLE VP + D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME COOK, JEFFREY L		NAME	
STREET ADDRESS 1750 SOUTH BRENTWOOD BLVD., SUITE 701		STREET ADDRESS	
CITY-ST-ZIP ST. LOUIS, MO 63144		CITY-ST-ZIP	
TITLE <del>VTD</del>	<input type="checkbox"/> Delete	TITLE PCFO, S + D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME HOLSTE, STEPHEN F		NAME	
STREET ADDRESS 1750 SOUTH BRENTWOOD BLVD., SUITE 701		STREET ADDRESS	
CITY-ST-ZIP ST. LOUIS, MO 63144		CITY-ST-ZIP	
TITLE D	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SCHULTZE, RICHARD G		NAME	
STREET ADDRESS 1750 SOUTH BRENTWOOD BLVD., SUITE 701		STREET ADDRESS	
CITY-ST-ZIP ST. LOUIS, MO 63144		CITY-ST-ZIP	
TITLE D	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME ALBERS, GREGORY M		NAME	
STREET ADDRESS 1750 SOUTH BRENTWOOD BLVD., SUITE 701		STREET ADDRESS	
CITY-ST-ZIP ST. LOUIS, MO 63144		CITY-ST-ZIP	
TITLE <del>D</del>	<input type="checkbox"/> Delete	TITLE S + D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BRIDELL, CRAIG A		NAME	
STREET ADDRESS 1750 SOUTH BRENTWOOD BLVD., SUITE 701		STREET ADDRESS	
CITY-ST-ZIP ST. LOUIS, MO 63144		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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** 1/4/06 314-963-0715  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #