

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0652204 AT

DOCUMENT # F01000001657

1. Entity Name
ARCO/MURRAY CORPORATE SERVICES, INC.



FILED
03 MAR 19 AM 11:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

4. FEI Number 43-1910319

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

☐ CHECK HERE IF MAKING CHANGES

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 _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 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

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 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition
200014450532
03/24/03--01001--032 **150.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VTD
HOLSTE, STEPHEN F
1750 SOUTH BRENTWOOD BLVD., SUITE 701
ST. LOUIS MO 63144 ☐ Delete

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 ☐ Delete

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 ☐ Delete

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 ☐ 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

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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-13-03 314-963-0715
Date Daytime Phone #

CR2E034 (10/02)