


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 19, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # F02000002425</b> 1. Entity Name DRY ICE, INC.	
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Principal Place of Business 1867 CRAIG ROAD SAINT LOUIS, MO 63146	Mailing Address 1867 CRAIG ROAD SAINT LOUIS, MO 63146
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03222004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 43-1940599	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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**6. Name and Address of Current Registered Agent**

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

**DO NOT WRITE  
IN THIS SPACE**

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
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<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P THOMAS, STEVE 3911 MEADOW LANE HIGHLAND, IL 62249
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BRADSHAW, RICHARD 1562 RISHON HILL DRIVE ST. LOUIS, MO 63146
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T OEHLER, JOHN 1 OAK PARK COURT ST. LOUIS, MO 63141
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MCCAIN, THOMAS 1608 ORICLE LANE SAINT LOUIS, MO 63144
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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04/19/04-80108-013 150.00

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 other like empowered.

<b>SIGNATURE:</b> 	Date 4/15/2004	Daytime Phone # 314-446-7810
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		