

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jun 12, 2003 8:00 am**  
**Secretary of State**

06-12-2003 90009 041 \*\*\*150.00

**DOCUMENT #** F02000002425 *(L)*

**1. Entity Name**  
DRY ICE, INC.

**Principal Place of Business**  
~~20 WORTHINGTON ACCESS DRIVE~~  
~~MARYLAND HEIGHTS MO 63043~~

**Mailing Address**  
~~20 WORTHINGTON ACCESS DRIVE~~  
~~MARYLAND HEIGHTS MO 63043~~

**2. Principal Place of Business**  
1867 Craig Road

**3. Mailing Address**  
1867 Craig Road

Suite, Apt. #, etc.

**City & State**  
St. Louis MO

**City & State**  
St. Louis MO

**Zip** 63146 **Country** St. Louis

**Zip** 63146 **Country** USA

**4. FEI Number** 43-194089 **APPLIED FOR**

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

**6. Name and Address of Current Registered Agent**  
C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

**7. Name and Address of New Registered Agent**

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** *Thomas McLain*

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, 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	PD THOMAS, STEVE 3911 MEADOW LAKE HIGHLAND IL 62249 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del>President</del> President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BRADSHAW, RICHARD 1562 RISHON HILL DRIVE ST. LOUIS MO 63146 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T OEHLER, JOHN 1 OAK PARK COURT ST. LOUIS MO 63141 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Thomas McLain 1608 Oriole Lane St. Louis MO 63144 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Thomas McLain 1608 Oriole Lane St. Louis MO 63144 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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:** *Thomas McLain* **REQUIRED**

Signature and typed or printed name of signing officer or director

Date 5/1/2003 Daytime Phone # 314-446-7810

CR2E034 (10/02)