2004 FOR PROFIT CORPORATION ANNUAL REPORT

Secretary of State DOCUMENT # F92000000390 01-23-2004 90029 005 ***150.00 1. Entity Name FRU-CON DEVELOPMENT CORPORATION Principal Place of Business Malling Address 44003989 ATT. TAX DEPT. ATT. TAX DEPT. P.O. BOX 100 P.O. BOX 100 BALLWIN, MO 63022-0100 US BALLWIN, MO 63022-0100 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01122004 CR2E034 (10/03) Cha-P Applied For City & State City & State 4. FEI Number 43-1541097 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent =7. Name and Address of New Registered Agent CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET TALLAHASSEE, FL 32301 Zip Code FL 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 agen; and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. PD Assistant secretary Addition TITLE ☐ Defete TITLE Change Richard Meyer 11326-F FOINTE SOUTH Dr. JAEKEL, MATTI NAME NAME 14635 SCHOETTLER MANOR COURT STATET ADDRESS STREET ADDRESS CITY-ST-ZIP CHESTERFIELD, MO 63017 CITY-ST-ZIP SEIED OM, PINOLES Defete ☐ Change TITLE Addition MALOOF, RICHARD NAME STREET ADDRESS 15933 CLAYTON RD. STREET ADDRESS CHTY-ST-ZIP BALLWIN, MO 63011 CITY-ST-ZIP Change Addition TITLE 🗷 Delete_ -TITLE FABER, JAMES NAME NAME STREET ADDRESS 1262 RED OAK PLANTATION STREET ADDRESS BALLWIN, MO 63021 CITY-ST-7IP CITY-ST-7IP TITLE ☐ Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TIFLE ☐ Delete Change [] Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS 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.

ED NAME OF SIGNING OFFICER OR DIRECTOR

FILED Jan 23, 2004 8:00 am