FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB -1 AM 11:30

DOCUMENT # F93000000352 (5)

1. Corporation Name
SVERDRUP CIVIL, INC.

Principal Place of Business	Mailing Address
13723 RIVERPORT DR. MARYLAND HEIGHTS MO 63043	13723 RIVERPORT DR. MARYLAND HEIGHTS MO 63043

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

3. Date Incorporated or Qualified: 01/14/1993
3a. Date of Last Report: 02/04/1994
4. FEI Number: 43-1621641 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD.
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number Is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD	1.1 TITLE	☐ Change ☐ Addition
NAME	SMITH, B R JR.	1.2 NAME	
STREET ADDRESS	15 FIELDING RD.	1.3 STREET ADDRESS	
CITY-ST-ZIP	ST. LOUIS MO 63124	1.4 CITY-ST-ZIP	
TITLE	PD	2.1 TITLE	☐ Change ☐ Addition
NAME	SCHWARTZ, H. GERARD JR.	2.2 NAME	
STREET ADDRESS	10 DEERFIELD	2.3 STREET ADDRESS	
CITY-ST-ZIP	ST. LOUIS MO 63124	2.4 CITY-ST-ZIP	
TITLE	SVP	3.1 TITLE	☐ Change ☐ Addition
NAME	WEISSTUCH, D N	3.2 NAME	
STREET ADDRESS	51 HIDDEN HOLLOW	3.3 STREET ADDRESS	
CITY-ST-ZIP	MELLWOOD NY 10546	3.4 CITY-ST-ZIP	
TITLE	SVP	4.1 TITLE	☐ Change ☐ Addition
NAME	BUESCHER, A J	4.2 NAME	
STREET ADDRESS	624 GOLF VIEW DR.	4.3 STREET ADDRESS	
CITY-ST-ZIP	BALLWIN MO 63011	4.4 CITY-ST-ZIP	
TITLE	SVP	5.1 TITLE	☒ Change ☐ Addition
NAME	SHEPPARD, M V	5.2 NAME	A.S. MORRISSON
STREET ADDRESS	13447 THORNHILL DR.	5.3 STREET ADDRESS	12150 BENT BROOK RD
CITY-ST-ZIP	TOWN & COUNTRY MO 63131	5.4 CITY-ST-ZIP	DES PERES, MO 63122
TITLE	VPC	6.1 TITLE	☐ Change ☐ Addition
NAME	HOWELL, G J	6.2 NAME	
STREET ADDRESS	881 MEADOW VIEW	6.3 STREET ADDRESS	
CITY-ST-ZIP	COLUMBIA IL 62236	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: A.S. Morrisson 1/10/95 314/770-4770
SIGNATURE AND TYPED OR PRINTED NAME OF DIRECTOR OR OFFICER — Date — Daytime Phone #
A.S. MORRISSON

04660714 FP