## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # F9300000352 (5)

SVERDRUP CIVIL, INC.

Mailing Address

## FILED Jan 28 1998 8:00am Secretary of State



Principal Place	e of Business	Mailing Address								
13723 RIVERP	ORT DR. ***	13723 RIVERPORT DR.					<b>[</b>			
MARYLAND H	EIGHTS MO 63043	MARYLAND HEIGHTS MO 63043								
							DO NOT WRITE IN THIS SPACE			
							3. Date incorporated or Qualifie	d		
							01/14/1993			
Principal Place of Business     2a. Mailing Address							4. FEI Number		A	pplied For
21 26							43-1621641		l N	lot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired	⊠ĺ	\$8.75	Additional	
22		27				3. Certificate of Status Desired		Fee F	lequired	
City & State	9	City & State				6. Election Campaign Financing	7	\$5.00	May Be	
23		28	28				Trust Fund Contribution			to Fees
Zip	Country	Zip	Cou	ıntry	<del>,</del>		8. This corporation owes or has	paid the cu	rrent vear Ir	ntangible
24	25	29	30				Personal Property Tax due Ju			No
<del></del> -	9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent						
СТ	CORPORATION SYSTEM			81	Na	ame				
1200 SOUTH PINE ISLAND RD.				82 Street Address (P.O. Box Number is Not Acceptable)						
12.04	INTATION FL 33324				↓					
				83						
				84	City				85 Zip	Code
				•••	(1)	ıy		FL	. 63 24	COUR
11. Pursuant I	o the provisions of Sections 607.0502	and 607.1508, Florida Statu	tes, the al	bove	e-nan	ned corpor	ration submits this statement for the	e purpose o	f changing	its registered
office or re	egistered agent, or both, in the State of	f Florida, Such change was	authorize	d by	/ the	corporation	n's board of directors. I hereby acc	cept the app	ointment as	s registered
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 ,	Signature, typed or printed name of registered agent	and title if applicable (NC	TE Popietore	d Ago	ont nion	antura ropudrad	when reinstating)	DATE		
12. OFFICERS AND DIRECTORS 13.					art sign	natura reduiteu	ADDITIONS/CHANGES TO OF		DIRECTO	RS IN 12
TITLE	C DELETE			1,1 TITLE					Change	Addition
NAME	BEUMER, R E		1.2 N/							
l l	13013 WHEATFIELD FARM RD									
STREET ADDRESS	TOWN & COUNTRY MO				STREET ADDRESS					
CITY - ST - ZIP				1.4 CITY-ST-ZIP						
TITLE	PD DELETE			2.1 TITLE					Change	Addition
NAME	SCHWARTZ, H. GERARD JR.		2.2 N/	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 DELETE			3,1 TITLE					Change	Addition
NAME	WEISSTUCH, D N		3.2 N	AME		1			_	l
STREET ADDRESS	51 HIDDEN HOLLOW		1		ADDRE	cce				ļ
***************************************	MELLWOOD NY 10546									
CITY-ST-ZIP				3.4. CITY - ST - ZIP					Observe	A distribution
TITLE		DELETE	4.1 Ti			1			Change	Addition
NAME	BUESCHER, A J		4. 2 N	AME						ļ
STREET ADDRESS	624 GOLF VIEW DR.		4.3 ST	REET	ADDRE	ESS				
CITY-ST-ZIP	BALLWIN MO 63011	The second of the second	4,4 CI	TY-\$1	T-ZIP					
TITLE	AS	DELETE	5.1 TU	TLE ·					Change	Addition
NAME	MORRISON, A.S.		5.2 NA	ME						
STREET ADDRESS	12150 BENT BROOK RD.			_	ADDRE	FCC				
	DES PERES MO									
CITY-ST-ZIP	VPC	DELETE			T-ZIP				Change	Addition
TITLE	., -	FTI DECENE	6.1 TI						charge	Addition
NAME	HOWELL, G J		6.2 NA							
STREET ADORESS	881 MEADOW VIEW		6.3 ST	REET A	ADDRE	ESS				
CITY-ST-ZIP	COLUMBIA IL 62236		6.4 CI	TY-ST	T-ZIP					

14. 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 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:

STROWESS FROM 185T. SECRETARY 1-13-9

CR2E034 (10/97)