

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 28, 2002 8:00 am
Secretary of State

01-28-2002 90048 036 ***158.75

DOCUMENT # F93000000352

1. Entity Name
SVERDRUP CIVIL, INC.

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

Mailing Address
13723 RIVERPORT DR.
MARYLAND HEIGHTS MO 63043

2. Principal Place of Business
501 NORTH BROADWAY
 Suite, Apt. #, etc.

3. Mailing Address
501 N. BROADWAY
 Suite, Apt. #, etc.

City & State
ST. LOUIS, MO

City & State
ST. LOUIS, MO

4. FEI Number
43-1621641

Applied For
 Not Applicable

Zip
63102 Country
CITY OF ST LOUIS

Zip
63102 Country
CITY OF ST. LOUIS

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 RD.
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.

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☒

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	C BEUMER, R E 13013 WHEATFIELD FARM RD TOWN & COUNTRY MO	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SCHWARTZ, H. GERARD JR. 10 DEERFIELD ST. LOUIS MO 63124	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVP BUESCHER, A J 15500 PEACH HILL CT CHESTERFIELD MD 63011	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS MORRISON, A.S. 12150 BENT BROOK RD. DES PERES MO	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPC HOWELL, G J 881 MEADOW VIEW COLUMBIA IL 62236	<input checked="" type="checkbox"/> Delete
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"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASST Secy JAMES J. SCOTT 18001 LITTLE PINE CT. WILDWOOD, MO 63005	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secy W.C. MARLEY 1111 S. ARROYO PKWY PASADENA, CA 91105	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TRGAS. J.W. PROSSER 1111 S. ARROYO PKWY PASADENA, CA 91105	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE OF REGISTERED AGENT
ASST. SECRETARY

1/8/2002
 Date

314 335-4000
 Daytime Phone #

CR2E034 (9/01)