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CORPORATION ANNUAL REPORT
1995

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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB -7 PM 2:41

DOCUMENT # F93000000355 (8)

1. Corporation Name
SVERDRUP FACILITIES, 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.

3. Date Incorporated or Qualified: 01/14/1993
3a. Date of Last Report: 02/08/1994
4. FEI Number: 43-1622210 ☐ 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

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

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 607.1509, 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 mandatory)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD	11 TITLE	☐ Change ☐ Addition
NAME	BEUMER, R E	12 NAME	
STREET ADDRESS	13013 WHEATFIELD FARM RD.	13 STREET ADDRESS	
CITY-ST-ZIP	TOWN & COUNTRY MO 63131	14 CITY-ST-ZIP	
TITLE	DP	21 TITLE	☐ Change ☐ Addition
NAME	KREIKEMEIER, K G	22 NAME	
STREET ADDRESS	80 WEBSTER WOODS	23 STREET ADDRESS	
CITY-ST-ZIP	ST. LOUIS MO 63119	24 CITY-ST-ZIP	
TITLE	SVP	31 TITLE	☐ Change ☐ Addition
NAME	WOLEY, G. E	32 NAME	
STREET ADDRESS	15 BARISTO	33 STREET ADDRESS	
CITY-ST-ZIP	IRVINE CA 92715	34 CITY-ST-ZIP	
TITLE	SVP	41 TITLE	☒ Change ☐ Addition
NAME	HAACK, J L	42 NAME	A.S. MORRISSON
STREET ADDRESS	344 PLANTHURSTS	43 STREET ADDRESS	12150 BENT BROOK RD
CITY-ST-ZIP	ST. LOUIS MO 63119	44 CITY-ST-ZIP	DES PERES MO 63122
TITLE	VP	51 TITLE	☐ Change ☐ Addition
NAME	CREWS, F H	52 NAME	
STREET ADDRESS	415 SULPHER SPRINGS RD.	53 STREET ADDRESS	
CITY-ST-ZIP	MANCHESTER MO 63021	54 CITY-ST-ZIP	
TITLE	ASTS	61 TITLE	☐ Change ☐ Addition
NAME	SCOTT, J J	62 NAME	
STREET ADDRESS	4650 GRANDCASTLE DR.	63 STREET ADDRESS	
CITY-ST-ZIP	ST. LOUIS MO 63128	64 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)(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: A.S. Morrisson 1/20/95 314-434-7600
SIGNATURE AND TYPED OR PRINTED NAME OF MANDATORY OFFICER OR DIRECTOR — Date — Daytime Phone #
A.S. MORRISSON

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