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Feb 08, 1999 8:00am  
Secretary of State

02-08-1999 90044 041 \*\*\*158.75

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # F93000000355

1. Corporation Name

SVERDRUP FACILITIES, INC.

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

Mailing Address  
13723 RIVERPORT DR.  
MARYLAND HEIGHTS MO 63043

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/14/1993

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 owes the current year Intangible  
Personal Property Tax.

Yes No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE VPSD  
NAME J.J. SCOTT  
STREET ADDRESS 4650 GRAND CASTLE  
CITY-ST-ZIP ST. LOUIS MO

DELETE

TITLE AS  
NAME A.S. MORRISON  
STREET ADDRESS 12150 BENT BROOK RD.  
CITY-ST-ZIP DES PERES MO

DELETE

TITLE VP  
NAME JONES, GERRY L.  
STREET ADDRESS 7803 CAYNON LAKE CIRCLE  
CITY-ST-ZIP ORLANDO FL 32835

DELETE

TITLE BP  
NAME KREIKEMEIER, KRAIG G  
STREET ADDRESS 80 WEBSTER WOODS  
CITY-ST-ZIP ST. LOUIS MO 63119

DELETE

TITLE VPSD  
NAME J.J. SCOTT  
STREET ADDRESS 4650 GRAND CASTLE  
CITY-ST-ZIP ST. LOUIS MO

DELETE

TITLE AS  
NAME A.S. MORRISON  
STREET ADDRESS 12150 BENT BROOK RD.  
CITY-ST-ZIP DES PERES MO

DELETE

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

Change Addition

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

Change Addition

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

Change Addition

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

Change Addition

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

Change Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

Change Addition

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)