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

APPROVED AND FILED
95 APR 14 PM 1:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F93000002916 (5)**

1. Corporation Name
PARIC CORPORATION

Principal Place of Business	Mailing Address
689 CRAIG ROAD ST. LOUIS MO 63141	689 CRAIG ROAD ST. LOUIS MO 63141

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified: 06/21/1993	3a. Date of Last Report: 04/06/1994
21	26	4. FEI Number: 43-1165266	☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	5. Certificate of Status Desired ☐	**$8.75** Additional Fee Required
City & State 23	City & State 28	6. Election Campaign Financing Trust Fund Contribution ☐	**$5.00** May Be Added to Fees
Zip 24 / Country 25	Zip 29 / Country 30	8. The corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No	

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 _____ 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	DCEO	11 TITLE	D/C	☑ Change ☐ Addition
NAME	MCKEE, PAUL J JR.	12 NAME	MCKEE, PAUL J, SR.	
STREET ADDRESS	689 CRAIG ROAD	13 STREET ADDRESS	689 CRAIG RD	
CITY-ST-ZIP	ST. LOUIS MO 63141	14 CITY-ST-ZIP	ST LOUIS MO 63141	
TITLE	DP	21 TITLE		☐ Change ☐ Addition
NAME	JORDAN, RICHARD F	22 NAME		
STREET ADDRESS	689 CRAIG ROAD	23 STREET ADDRESS		
CITY-ST-ZIP	ST. LOUIS MO 63141	24 CITY-ST-ZIP		
TITLE	C	31 TITLE		☐ Change ☐ Addition
NAME	MCKEE, PAUL J JR.	32 NAME		
STREET ADDRESS	689 CRAIG ROAD	33 STREET ADDRESS		
CITY-ST-ZIP	ST. LOUIS MO 63141	34 CITY-ST-ZIP		
TITLE	V	41 TITLE		☐ Change ☐ Addition
NAME	FRICK, GREGORY D	42 NAME		
STREET ADDRESS	689 CRAIG ROAD	43 STREET ADDRESS		
CITY-ST-ZIP	ST. LOUIS MO	44 CITY-ST-ZIP		
TITLE	V	51 TITLE		☐ Change ☐ Addition
NAME	KARBERG, ALAN F	52 NAME		
STREET ADDRESS	689 CRAIG ROAD	53 STREET ADDRESS		
CITY-ST-ZIP	ST. LOUIS MO	54 CITY-ST-ZIP		
TITLE		61 TITLE	V	☐ Change ☑ Addition
NAME		62 NAME	HAVRILKA, WILLIAM J	
STREET ADDRESS		63 STREET ADDRESS	689 CRAIG ROAD	
CITY-ST-ZIP		64 CITY-ST-ZIP	ST LOUIS MO 63141	

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: _____ Richard F. Jordan 3/17/95 314-432-4330
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0480067 FP