

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

**FILED**  
**Mar 18 1997 8:00am**  
**Secretary of State**

**PROFIT  
CORPORATION  
ANNUAL REPORT  
1997**



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

**DOCUMENT # F93000002916 (5)**

1. Corporation Name  
**PARIC CORPORATION**

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

Mailing Address  
**689 CRAIG ROAD  
ST. LOUIS MO 63141-7124**



2. Principal Place of Business

2a. Mailing Address

21 State, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

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

3. Date Incorporated or Qualified  
**06/21/1993**

3a. Date of Last Report  
**04/18/1996**

4. FEI Number

**43-1165266**

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

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 607.1508, 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 warrant, affirm, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

(Signature required for printed name of registered agent and filed applicable)

(NOTE: Registered Agent signature required when reissuing)

DATE

12. OFFICERS AND DIRECTORS

TITLE **DC** ☐ DELETE  
NAME **MCKEE, PAUL J JR**  
STREET ADDRESS **689 CRAIG RD**  
CITY, ST, ZIP **ST LOUIS MO**

TITLE **DP** ☐ DELETE  
NAME **JORDAN, RICHARD F**  
STREET ADDRESS **689 CRAIG ROAD**  
CITY, ST, ZIP **ST. LOUIS MO 63141**

TITLE **V** ☐ DELETE  
NAME **FRICK, GREGORY D**  
STREET ADDRESS **689 CRAIG ROAD**  
CITY, ST, ZIP **ST. LOUIS MO**

TITLE **V** ☐ DELETE  
NAME **KARBERG, ALAN F**  
STREET ADDRESS **689 CRAIG ROAD**  
CITY, ST, ZIP **ST. LOUIS MO**

TITLE **V** ☐ DELETE  
NAME **HAVRILKA, WILLIAM J**  
STREET ADDRESS **689 CRAIG ROAD**  
CITY, ST, ZIP **ST LOUIS MO**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY, ST, ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

14. I do 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 included 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3-12-97**

Date

**314432-4320**

Day/Year/Phone #

CR2E034 (9/96)