

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

FILED  
Apr 21, 1999 8:00 am  
Secretary of State

04-21-1999 90010 007 \*\*\*150.00

DOCUMENT # F93000002916

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



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/21/1993

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 owes the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

St. Louis, mo

St. Louis, mo

24 Zip 25 Country

29 Zip 30 Country

63141

63141

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 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 V ☐ DELETE

NAME OLSEN, MICHAEL D

STREET ADDRESS 689 CRAIG ROAD

CITY-ST-ZIP ST. LOUIS MO 63141

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

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☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

14. 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 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

4/14/99 (314) 432-4320

Date

Daytime Phone #

CR2E034 (1/1/98)