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SIGNATURE:

2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

Sep 08, 2004 8:00 am Secretary of State DOCUMENT # F93000003317 09-08-2004 90207 019 ***158.75 VOORHEES INTERNATIONAL, INC. Mailing Address Principal Place of Business ... 1656 HEADLAND DRIVE 1656 HEADLAND DRIVE FENTON, MO 63026 FENTON, MO 63026 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 07012004 CR2E034 (10/03) Chg-P Applied For City & State 4. FEI Number City & State 43-1524877 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 Zip Code City 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Trust Fund Contribution. Due by September 8, 2004 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE TITLE Change ☐ Addition ☐ Delete VOORHEES, STEPHEN G NAME NAME Voorhees, Stephen G. 18305 ALLENTON FOREST DR. STREET ADDRESS STREET ADDRESS 4635 Chateau lane CITY-ST-ZIP WILDWOOD, MO 63069 CITY-ST-ZIP Wildwood, MO 63069 ☐ Addition Delete TITLE Change VOORHEES, WILLIAM B NAME NAME Voorhees, William B. STREET ADDRESS 7310 SUMMERTIME DR STREET ADDRESS 756 River Hills Drive Fenton, mO 63026 City-ST-ZIP ST. LOUIS, MO 63129 CITY-ST-71P ☐ Delete TITLE TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP TITLE ☐ Delete TMF Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TILLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

FO OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

<u>9/3/04 (636)</u>

349-1555