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FILED
Apr 16 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # **F93000005038 (5)**

1. Corporation Name
MCMAHON ARCHITECTS, INC.

Principal Place of Business
**12977 N. OUTER 40 DR.
ST. LOUIS MO 63141-8643**

Mailing Address
**12977 N. OUTER 40 DR.
ST. LOUIS MO 63141-8643**



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
11/08/1993

4. FEI Number
43-1037888

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 or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

2. Principal Place of Business
21 884 Woods Mill Road

Suite, Apt. #, etc
22 Suite 201

City & State
23 St. Louis, MO

Zip Country
24 63011-3656 25 USA

2a. Mailing Address
26 884 Woods Mill Road

Suite, Apt. #, etc
27 Suite 201

City & State
28 St. Louis, MO

Zip Country
29 63011-3656 30 USA

9. Name and Address of Current Registered Agent

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

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 am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

4/7/98

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PD** ☐ DELETE
NAME **MCMAHON, WILLIAM P**
STREET ADDRESS **404 CHESHIRE FARM LN.**
CITY-ST-ZIP **ST. LOUIS MO 63141**

TITLE **S** ☐ DELETE
NAME **SEILLER, JUNE M**
STREET ADDRESS **12977 N. OUTER 40 DR.**
CITY-ST-ZIP **ST. LOUIS MO 63141**

TITLE **T** ☐ DELETE
NAME **MCMAHON, MARTHA B**
STREET ADDRESS **12977 N. OUTER 40 DR.**
CITY-ST-ZIP **ST. LOUIS MO 63141**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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 **884 Woods Mill Road**
2.4 CITY-ST-ZIP **St. Louis, MO 63011**

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS **884 Woods Mill Road**
3.4 CITY-ST-ZIP **St. Louis, MO 63011**

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 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.

SIGNATURE:

William P. McMahon

4/7/98 314-891-1000

CR2E034 (10/97)