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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT
1995

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

DOCUMENT # **F94000006157 (1)**

1. Corporation Name
MICROLINK CAPITAL CORPORATION

Principal Place of Business	Mailing Address
1805 NEWBURYPORT ROAD CHESTERFIELD MO 63005	1805 NEWBURYPORT ROAD CHESTERFIELD MO 63005

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/01/1994
3a. Date of Last Report:

2. Principal Place of Business
21: 400 CHESTERFIELD CENTER, SUITE 400
22: CHESTERFIELD, MISSOURI 63017
23: City & State
24: Zip
25: Country: USA

Mailing Address
26: 400 CHESTERFIELD CTR.
27: SUITE 400
28: CHESTERFIELD, MO
29: 63017
30: USA

4. FEI Number: 43-1689577 ☐ 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

9. Name and Address of Current Registered Agent

BROADIE, LAURA M
2035 PHILIPPE PARKWAY, VILLA 22
SAFETY HARBOR FL 34695

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 _____ 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	PD	11 TITLE	☐ Change ☐ Addition
NAME	LLOYD, GARDNER R	12 NAME	
STREET ADDRESS	1805 NEWBURYPORT ROAD	13 STREET ADDRESS	
CITY - ST - ZIP	CHESTERFIELD MO 63005	14 CITY - ST - ZIP	
TITLE	VD	21 TITLE	☐ Change ☐ Addition
NAME	RIVERO, ANTHONY	22 NAME	
STREET ADDRESS	2035 PHILIPPE PARKWAY	23 STREET ADDRESS	
CITY - ST - ZIP	SAFETY HARBOR FL 34965	24 CITY - ST - ZIP	
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	HUNTER, JOHN W	32 NAME	
STREET ADDRESS	C/O REED,SMITH/ 1200 18TH STREET, N.W.	33 STREET ADDRESS	
CITY - ST - ZIP	WASHINGTON DC 20036	34 CITY - ST - ZIP	
TITLE		41 TITLE	SECRETARY ☐ Change ☒ Addition
NAME		42 NAME	LAURA M. BROADIE
STREET ADDRESS		43 STREET ADDRESS	2035 PHILIPPE PARKWAY, VILLA 22
CITY - ST - ZIP		44 CITY - ST - ZIP	SAFETY HARBOR, FL 34695
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY - ST - ZIP		54 CITY - ST - ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY - ST - ZIP		64 CITY - ST - ZIP	

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: Gardner R. Lloyd Jr. 2-6-95 314-537-7816
GARDNER R. LLOYD
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

EFFECTIVE DATE