

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 31, 2003 8:00 am
Secretary of State

03-31-2003 90179 035 ***150.00

DOCUMENT # F95000001803

1. Entity Name
COBRO CORPORATION



Principal Place of Business
4 RESEARCH ARK DRIVE
SAINT CHARLES MO 63304

Mailing Address
4 RESEARCH ARK DRIVE
SAINT CHARLES MO 63304

2. Principal Place of Business

6808 Academy Pkwy E, NECB

Suite, Apt. #, etc.

3. Mailing Address

6808 Academy Pkwy E

Suite, Apt. #, etc.

NE, C-3

City & State

Albuquerque, NM

Zip

87109

Country

U.S.A

City & State

Albuquerque, NM

Zip

87109

Country

U.S.A

4. FEI Number

52-0954934

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PCEO	<input type="checkbox"/> Delete
NAME	DURANT, JOE I	
STREET ADDRESS	P.O. BOX 316	
CITY-ST-ZIP	ALBUQUERQUE NM 87108	
TITLE	VP	<input type="checkbox"/> Delete
NAME	TOPPING, ROBERT T	
STREET ADDRESS	20 VICKSBURG STATION	
CITY-ST-ZIP	SAINT CHARLES MO 63303	
TITLE	VP	<input type="checkbox"/> Delete
NAME	MARSH, JAMES E	
STREET ADDRESS	15172 WRIGHT ROAD	
CITY-ST-ZIP	ATHENS AL 35611	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	GAGLIANO, KATHLEEN A	
STREET ADDRESS	513 WATERSIDE COURT	
CITY-ST-ZIP	SAINT CHARLES MO 63304	
TITLE	VP	<input type="checkbox"/> Delete
NAME	SAKOLE, MICHAEL J	
STREET ADDRESS	12854 SALMON RUN COURT	
CITY-ST-ZIP	MANASSAS VA 20112-4678	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PETER F. DINEEN 03.26.03 **X102**

Date

Daytime Phone #

CR2E034 (10/02)