FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **F95000002722 (5)**

1. Corporation Name

MIDLAND DEVELOPMENT GROUP, INC.

Principal Place of Business	Mailing Address
12655 OLIVE BOULEVARD. SUITE 200 ST. LOUIS MO 63141	12655 OLIVE BOULEVARD. SUITE 200 ST. LOUIS MO 63141

3. Date Incorporated or Qualified: 06/06/1995

3a. Date of Last Report:

4. FEI Number: 43-1301484 ☐ 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. 190.032, Florida Statutes. ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21 NO CHANGE	26 NO CHANGE
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip / 25 Country	29 Zip / 30 Country

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
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: (Signature of new registered agent required for application) (New Registered Agent signature required when applicable) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	WIELANSKY, LEE S		1.2 NAME	
STREET ADDRESS	13462 MAPLE RIDGE COURT		1.3 STREET ADDRESS	
CITY-ST-ZIP	CREVE COVER MO 63141		1.4 CITY-ST-ZIP	
TITLE	EVTD	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	NOTESTINE, STEPHEN M		2.2 NAME	
STREET ADDRESS	1825 SOUTH MASON		2.3 STREET ADDRESS	
CITY-ST-ZIP	ST. LOUIS MO 63131		2.4 CITY-ST-ZIP	
TITLE	SD	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	APTER, JOSEPH H		3.2 NAME	
STREET ADDRESS	312 CABIN GROVE LANE		3.3 STREET ADDRESS	
CITY-ST-ZIP	ST. LOUIS MO 63141		3.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	JONES, RODNEY K		4.2 NAME	
STREET ADDRESS	14812 BROOK HILL DRIVE		4.3 STREET ADDRESS	
CITY-ST-ZIP	CHESTERFIELD MO 63017		4.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	BRICKMAN, NED M		5.2 NAME	
STREET ADDRESS	7134 NORTH BARNETT		5.3 STREET ADDRESS	
CITY-ST-ZIP	MILWAUKEE WI 53217		5.4 CITY-ST-ZIP	
TITLE	D	☒ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	JONES, RODNEY K		6.2 NAME	
STREET ADDRESS	14812 BROOK HILL DRIVE	DUPLICATE	6.3 STREET ADDRESS	
CITY-ST-ZIP	CHESTERFIELD MO 63017		6.4 CITY-ST-ZIP	

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***225.00

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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE 05/2/96

Daytime Phone #

CR2E034 (12/95)